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# A Review of Gender Issues in the Dominican Republic, Haiti and Jamaica

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Caribbean Country Management Unit  
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## LIST OF ACRONYMS

ACOSTRAD	Association for the Control of Sexually Transmitted Disease
AIDS	Acquired Immunodeficiency Syndrome
AWOJA	Association of Women's Organizations of Jamaica
BWA	Jamaican Bureau of Women's Affairs
CARICOM	Caribbean Community and Common Market
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CENISM	National Center for Maternal-Infant Health Research <i>Centro Nacional de Investigaciones en Salud Materno-Infantil</i>
CEPAL	Economic Commission for Latin America and the Caribbean <i>Comisión Económica para América Latina y el Caribe</i>
CESDEM	Center for Social and Demographic Studies <i>Centro de Estudios Sociales y Demográficos</i>
CHEPROF	Haitian Center for Research and Action for Feminine Development <i>Centre Haïtien de Recherches et d'Actions pour la Promotion Féminine</i>
CIDA	Canadian International Development Agency
CIPAF	Center for Research for Feminine Action <i>Centro para la Investigación para la Acción Femenina</i>
CPS	Contraceptive Prevalence Survey
CXC	Caribbean Examinations Council
DHS	Demographic and Health Survey
EAP	Economically Active Population
EEC	European Economic Community
EMMUS	Survey on Mortality, Morbidity and the Utilization of Services <i>Encuesta Mortalidad, Morbilidad y Utilización de Servicios</i>
ENDESA	Demographic and Health Survey <i>Encuesta Demográfica y de Salud</i>
ENGIH	National Survey on Household Income and Expenses <i>Encuesta Nacional de Gastos e Ingresos de los Hogares</i>
ENMR	National Survey of Rural Women <i>Encuesta Nacional de Mujeres Rurales</i>
ESSJ	Economic and Social Survey of Jamaica
FAES	Economic and Social Assistance Fund <i>Fondo de Asistencia Económica y Social</i>
GDP	Gross Domestic Product
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
IAD	Dominican Agrarian Institute <i>Instituto Agrario Dominicano</i>
IEPD	Institute for Studies in Population and Development <i>Instituto de Estudios de Población y Desarrollo</i>
IDB	Inter-American Development Bank
IHSI	Indicators on Household Living Conditions and Society in Haiti <i>Indicateurs Sociaux et Suivi des Conditions de Vie des Ménages en Haïti</i>
ILO	International Labor Organization
LAC	Latin America and the Caribbean
MUDE	Dominican Women in Development <i>Mujeres en Desarrollo Dominicano</i>
NCTVET	National Council on Technical and Vocational Education and Training
NFFB	National Family Planning Board
NGO	Non-Governmental Organization
PAHO	Pan-American Health Organization
PIOJ	Planning Institute of Jamaica
PMA	World Food Programme <i>Programa Mundial de Alimentos</i>
PROFAMILIA	Dominican Association for Family Well-being <i>Asociación Dominicana Pro Bienestar de la Familia</i>
RHS	Reproductive Health Survey
RUFAMSO	Rural Family Support Organization
SEM	Dominican Ministry of Women <i>Secretaría de Estado de la Mujer</i>
STD	Sexually Transmitted Disease
STATIN	Statistical Institute of Jamaica
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP/PNUD	United Nations Development Programme <i>Programa de las Naciones Unidas para el Desarrollo</i>
UNICEF	United Nations Children's Fund
UNFPA/FNUAP	United Nations Fund for Population Activities <i>Fondo de las Naciones Unidas para Actividades de Población</i>
USAID	United States Agency for International Development
UTECH	University of Technology
UWI	University of the West Indies
WEDO	Women's Environment and Development Organization
WDI	World Development Indicators
WDR	World Development Report
WHO	World Health Organization
WWFT	Women Working For Transformation

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## PREFACE

This report examines the effect of gender on socioeconomic outcomes in three Caribbean countries: the Dominican Republic, Haiti and Jamaica. Organized into three separate country notes, it covers a range of sectors, including demographics, health and reproductive health, violence, education, labor and agriculture. The report, while covering only three countries, is part of a larger effort of the Caribbean Department of the World Bank aimed at establishing a strategic social agenda in the subregion. It follows on other World Bank economic and sector work prepared in the Caribbean including: Dominican Republic Poverty Assessment (21306-DR, January 16, 2001), Trinidad and Tobago Youth and Social Development (20088-TR, June 2000), HIV/AIDS in the Caribbean: Issues and Options (20491-LAC, June 2000) and Violence and Urban Poverty in Jamaica: Breaking the Cycle (15895-JM, January 1997).

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# EXECUTIVE SUMMARY

## INTRODUCTION

Many of the key socioeconomic issues that Caribbean countries confront today have an important gender dimension. These include crime and violence, reproductive and sexual health issues, low education levels, unstable family structure, poverty and inequality. Gender roles and relations influence these socioeconomic issues. For example, violent crime is concentrated among young men, who are both victims and perpetrators. Domestic violence is extensive in the Caribbean subregion and for the most part involves men as the aggressors and women as the victims. Aggressive male behavior has been linked to the inability of men (in particular low-income men) to meet societal expectations of achieving and providing for the family, as well as to socialization patterns that teach boys to be tough and girls to be submissive.

Based principally on a desk review and compilation of secondary sources, this report presents findings on gender issues in three key Caribbean countries: the Dominican Republic and Haiti – countries which together contain a significant proportion of the subregion's population – and Jamaica, which is representative of the English-speaking Caribbean. The report compares the situation of men and women as distinct groups and in relation to one another, and examines how gender has a role in determining socioeconomic outcomes in each of the three countries. The report covers the following sectors: demographics and household structure, health and reproductive health, education, labor and agriculture. Because of its reliance on secondary sources, issues such as gender and legal/institutional framework, and migration, while obviously important, are covered only briefly. The report is organized into three separate country notes, each drawing on multiple information sources.

## FINDINGS

The Dominican Republic, Haiti and Jamaica, despite their physical proximity, have distinct histories, religions and cultural traditions, making them a very diverse set of countries. The three countries are also quite different regarding gender issues. Available information suggests that Jamaica is the most advanced in terms of political participation, maternal health services, contraceptive use and fertility levels, female education and earnings equality. Haiti, in contrast, exhibits the worst indicators in the region in areas such as maternal mortality, fertility levels, contraceptive prevalence and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), with some indicators being worse than those of African countries with a similar gross national product (GNP). It also has the most antiquated laws in the Latin America and Caribbean (LAC) region in terms of gender equality. That said, Haiti fares much better in terms of fertility rates and gender gaps in education when compared with African countries with similar GNP. The Dominican Republic falls somewhere in between the other two countries, having made advances in reducing fertility and education gaps, and taken important first steps to address gender issues in the law and domestic violence. As for addressing from a male perspective – i.e. male violence, substance abuse and risky behavior, fathering roles and low education levels for boys – available information suggests that Jamaica has made the most effort.

The review highlights the following findings regarding gender issues in the three countries:

- **Fertility.** Fertility has declined in all three countries, but particularly in Haiti, where it dropped from 5.9 to 4.3 births per woman from 1980 to 1998. Large regional variations exist, however, with the rate for rural areas being double that of urban areas in Haiti. Fertility rates for the Dominican Republic remain higher than the regional average and are greater among rural women or women with lower levels of education.
- **Maternal Mortality.** At 600 per 100,000 live births, maternal mortality rates in Haiti are the highest in the Western Hemisphere (and higher than those of Togo and Senegal, which have lower adjusted per capita GNPs). While in a different category, the Dominican Republic also has high maternal mortality rates, particularly given the extent of health care available and the country's level of economic development. Jamaica has favorable maternal mortality levels when compared to countries of a similar economic level, however, it is making efforts to further reduce the incidence of maternal death.
- **Adolescent/Unplanned Pregnancies.** Teenage pregnancy, which has important intergenerational effects in terms of poverty, is high in Jamaica compared to the regional average and is on the increase, even though overall fertility levels have decreased. Adolescent pregnancy increased significantly in the Dominican Republic and appears to be less of a problem in Haiti, at least in relative terms. Also, 87 percent of teenage pregnancies are unplanned in Jamaica, suggesting deficiencies in reproductive health care in that country.
- **AIDS.** Haiti has the highest rate of HIV infection in the LAC region. And in the Dominican Republic, HIV/AIDS has reached the level of a generalized epidemic. In contrast, HIV/AIDS is still concentrated among high-risk groups in Jamaica. HIV/AIDS is closely linked to gender roles and relations. As noted in the recent World Bank publication on HIV/AIDS in the Caribbean, many men in Caribbean countries engage in high-risk behaviors such as having early and frequent sex with multiple partners and engaging in unprotected sex, whereas women are expected to defer to their male partners and be economically dependent on them (World Bank 2000e).
- **Violence.** Jamaica has one of the highest homicide rates in the LAC region. Violent crime is concentrated among poor young males, suggesting an intersection between gender roles/socialization and poverty. While measurement problems abound, available information suggests that domestic violence is prevalent in all three countries.<sup>1</sup> For example, one in six women in the Dominican Republic is or will be a victim of physical violence, while one in five Jamaican women ages 25-60 have suffered some sort of physical abuse. In Haiti, an estimated 70 percent of all women have experienced some form of violence. Moreover, a United Nations Children's Fund (UNICEF) study suggests that the sexual abuse of girls is highly prevalent in that country.

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<sup>1</sup> For more on measurement problems related to domestic violence, see Shrader 2000.



- **Education.** Gender gaps in education are for the most part a problem affecting boys and men. Jamaica has one of the highest male illiteracy rates in the LAC region. Male gender gaps in school repetition are the highest in the Dominican Republic even though illiteracy is the same for men and women. Lack of education is a generalized problem for Haitian boys and girls.
- **Labor Force.** While figures are not directly comparable, information suggests that a high proportion of women are economically active in Haiti and Jamaica, albeit probably for very different reasons. Their participation has also increased in the Dominican Republic but remains significantly lower than that of men, even though girls outperform boys in school. Female unemployment is higher than male unemployment in all three countries examined: it is almost triple that of men's in the Dominican Republic, double the male rate in Jamaica, and 1.25 times higher than the male rate in Haiti.

### Conclusions

While the nature and acuteness of gender issues varies significantly in the Dominican Republic, Haiti, and Jamaica, one common theme emerges from the analysis: the importance of institutions. First, **gender roles are an important institution.** As in other parts of the world, social rules prescribe the roles men and women take on and the appropriate behaviors for each. Beginning with school-age children, boys exhibit higher repetition rates due to labor force participation and the expectation that they should play the male “breadwinner” role. Girls, in contrast, are more likely to abandon school because of early pregnancy or domestic and childcare responsibilities at home, which is consistent with the traditional female “caregiving” role. In Haiti, women face social pressure to bear children, due to their traditional reproductive and maternal roles. In the Dominican Republic, despite higher levels of education among women, female labor force participation is lower than men's, suggesting that gender-specific responsibilities to carry out housework and childcare constrain women's economic activity and earnings.

**State institutions** also matter for gender outcomes. In no country in the Western Hemisphere is the absence of government so striking as in Haiti, and the gender consequences of these deficiencies are obvious. They have contributed to the highest rates of maternal mortality in the Americas, high fertility and high HIV infection rates. The importance of state institutions is also clear in Jamaica and the Dominican Republic. Almost all teenage pregnancies are unplanned in Jamaica, as are the majority of pregnancies of all ages, pointing to the shortcomings in reproductive and sexual health care programs and policies in that country. In the Dominican Republic, HIV infection is also high and adolescent pregnancy has risen, in part due to the fact that reproductive health programs are directed at married women and exclude other groups, such as youth and men.

Lastly, the **household institution** – how households are formed, the types of unions that are acceptable, and the corollary relationships between partners, parents – is critical to understanding gender and socioeconomic outcomes in the countries studied here. Household formation and the relations of its members have important consequences for gender and socioeconomic well-being. In Jamaica, for example, the fact that most children are born out of wedlock and do not have registered fathers means that children are,

for the most part, raised without their biological fathers. Also, the “visiting relationship” – a semi-permanent arrangement in which the man does not live in the same household but visits from time to time – is common in Jamaica. The presence of men in the family who are not the natural fathers of the children in the household has been linked to high levels of sexual abuse in that country. In Haiti, while the largest proportion of the population is in a stable union, men are typically involved in several unions at one time or have multiple partners. Even though it is a stigma for Haitian men not to support their children, in reality many provide very little in the way of economic provisions.

### Policy Directions

Over the long term, Caribbean countries need to address socialization processes and norms that cause men and women to assume negative roles and establish asymmetrical relations. These, in turn, are linked to a number of social problems such as: violent behavior among men, shortened life spans among men, the spread of HIV/AIDS, teenage pregnancy, multiple partnering and risk behavior, absent fathers and unstable family environments, school drop-out and repetition (particularly for boys), the unequal burden of parenting and childcare on women, lower female labor force participation and earnings and the intergenerational transfer of poverty and violence.

Socialization processes take place in the public and private sphere and are influenced by, among other factors, the education system, the media, family structures and relations and role models and peer groups. Policy and program interventions should focus on these areas. And to be effective, gender programs need to target both men and women, given that men as well as women are socialized to behave according to gender norms and expectations, with negative consequences for both.

As for specific policy areas, the report recommends: (a) broadening the coverage and scope of **reproductive and sexual health services** for all three countries; (b) expanding programs aimed at **violence prevention** – both male on male violence and domestic violence; (c) investing in **early childhood development and youth at-risk**, in all countries but with a focus on Jamaica and the Dominican Republic; and (d) working on **legal reforms**, in the case of Haiti as well as in the Dominican Republic, with the latter paying specific attention to the labor and family codes, childcare provision and the effectiveness of amendments to the agrarian reform act.

Given the extreme nature of poverty in Haiti, the report also makes two additional recommendations specific to that country: (a) ensuring that economic opportunities reach both women and men (including income, employment and small enterprise generation programs); and (b) investing in on- and off-farm activities in rural areas as well as increasing access to domestic energy in rural areas, the latter having major implications on women’s time and productivity. The extremely limited capacity of the state would suggest that investments would need to be directed through civil society organizations, at least in the short-term.

# 1. INTRODUCTION

1. Gender is linked to many of the socioeconomic issues that most Caribbean countries confront today, including crime and violence, reproductive and sexual health issues such as teenage pregnancy and the spread of HIV/AIDS, attainment of quality education, unstable family structures, poverty and inequality.<sup>2</sup> Gender roles – socially ascribed roles and expectations imposed on men and women simply because of their sex – and gender relations – power relations between men and women – affect socioeconomic outcomes. For example:

- Violent crime is concentrated among young *males*, who are both victims and perpetrators. Less reported but extensive domestic violence in the subregion involves *men* as the aggressors and *women* as the victims for the most part. Aggressive male behavior has been linked to the inability of men (in particular low income men) to meet societal and family expectations of being an achiever and provider and to socialization patterns that teach boys to be tough and girls to be submissive (Barker 1998).
- Life expectancy, related to the issue of violence, is a gender issue in that biological reasons only explain two to three years of the longevity gap between women and men. The residual gap is related to *male* behavior – i.e. violence, alcoholism and risky behavior – which, in turn, is linked to male gender roles and socialization patterns.
- The spread of HIV/AIDS, which has attained the status of a generalized epidemic in several Caribbean countries (World Bank 2000e), is related to *male* and *female* sexual behavior and relations. These, in turn, are affected by prevailing gender roles and expectations. In several Caribbean countries, for example, men are expected to have multiple sexual partners, and engage in casual sex and solicit commercial sex. In Jamaica, rigid codes of male bravado mean that men resist using condoms. Also, unequal power relations between men and women make it difficult for women to negotiate condom use during a sexual encounter.
- Educational attainment in the Caribbean – where for the most part *girls* outperform and stay in school longer than *boys* (World Bank 1996d) – is also linked to gender roles. In other LAC countries, studies have shown that the male breadwinner role means that poor boys are more likely to drop-out of school to provide financial support to their families. Poor girls' school attendance is also based on their gender roles: those that drop-out usually do so due to early pregnancy, to take care of siblings or to perform other domestic duties.

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<sup>2</sup> For a review of poverty reduction and human resource development issues in the Caribbean, see *Caribbean Countries Poverty Reduction and Human Resource Development, Report No. 15342-LAC* (World Bank 1996d).

- Poverty and inequality are related to, among other factors, labor force participation and earnings, both of which have gender components. Despite attaining higher levels of education, *women* participate and earn less than *men* in the labor market and have higher unemployment levels. This inequity has been linked to gender roles. For example, employers are often reluctant to hire women in their childbearing years. On the supply side, societal and family expectations that women perform housework and childcare roles also constrain female economic activity (Katz and Correia 2001).
- Unstable home environments and parenting problems, which place children and youth at risk, are related to the high incidence of out-of-wedlock births and single *female* parent households, social attitudes and peer pressures vis-à-vis pregnancy among teenage women, the expectation that *men* have multiple partners and children with more than one mate, the irregular presence of fathers in the household and the use of extended families to raise children (Blank 2000).

## OBJECTIVES AND APPROACH

### *Objectives and Scope*

2. Based principally on a desk review and compilation of secondary sources, this report discusses gender issues in three key Caribbean countries: the Dominican Republic, Haiti and Jamaica. The rationale for country selection was that by reviewing these countries the report covers close to half of the Caribbean population and a reasonably representative sample of the Anglophone Caribbean. The report documents the situations of both men and women as distinct groups and in relation to one another, and also examines the role of gender in determining socioeconomic outcomes in these countries. The report covers the following sectors: demographics, health and reproductive health, violence, education, labor and agriculture. Explicit attention is given to the subject of household structure, given its significance and unique characteristics in the Caribbean. The sectors selected for this report were based, among other things, on the availability of information, as secondary sources were used almost exclusively. Thus issues such as gender and legal/institutional framework as well as migration are not covered comprehensively, despite their obvious importance. This report is part of a larger effort on the part of the World Bank's Caribbean Department to analyze and identify the most prominent social issues in the subregion, which will form the basis for a strategic social agenda in the Caribbean.

### *Approach and Data Sources*

3. The report is based principally on a desk review. Findings are organized into three separate country notes, with each note drawing on different data sources. As previously noted, the report draws mostly on secondary information but includes some basic analysis of the 1998 household survey for the Dominican Republic. The main data sources referred to in the text are: the *Encuesta Nacional Demográfica y de Salud*, 1996 (ENDESA-96) and the *Encuesta Nacional de Gastos e Ingresos de los Hogares*, 1998 (ENGIH-98) in the case of the Dominican Republic; the 1994-95 Survey on Mortality, Morbidity and Service Utilization (EMMUS II/DHS 94/95) in the case of Haiti; and the Economic and Social Survey 1999 and 2000 (ESSJ) and the Survey of Living Conditions, 1998,1999 and 2000 (JSLC) in the case of Jamaica. Throughout the report and for the purposes of comparison, gender

indicators are provided for nations of similar per capita GNP and size of the countries examined here.

### GENDER TRENDS IN THE DOMINICAN REPUBLIC, HAITI AND JAMAICA

4. The Dominican Republic, Haiti and Jamaica, while within close physical proximity of each other, are an extremely diverse group of countries with distinct histories and cultural traditions. A former Spanish colony, the Dominican Republic is populated with Spanish-speaking people of both European and African origin who are for the most part Catholic. French and creole-speaking Haiti is a former French colony with a legacy of slavery. The country's folk religion and practices of voodoo – a hybrid tradition emerging from the mix of African heritage and slave experience – is interwoven into all denominations and classes of Haitian society, despite the formal embrace of both Catholicism and Protestant Christianity. Dictatorship, military intervention and severe instability have characterized Haiti's history. English-speaking Jamaica was colonized and ruled by the British for over three hundred years, and remains part of the British Commonwealth. While the majority of its population is of African descent, Jamaica has strong ties to the United States and the European Community, due to its language, history and economic links.

5. Despite their historical and cultural differences, relative economic progress in Jamaica and the Dominican Republic in recent decades has meant that these countries share many gender trends and indicators. But Haiti, as the poorest country in the western hemisphere, is in a category all its own. Table 1.1 summarizes some of the relevant national statistics related to gender differences in these three countries and the LAC region as a whole. In terms of basic demographics, women outlive men in all three countries. The

Indicator	Dominican Republic		Haiti		Jamaica		LAC average	
	Men	Women	Men	Women	Men	Women	Men	Women
Illiteracy (%of people above age 15) <sup>1</sup>	17	17	50	54	18	10	11	13
Maternal mortality (per 100,000 live births) <sup>2</sup>	-	220	-	600	-	110	-	-
Life expectancy at birth <sup>3</sup>	69	73	51	56	73	77	67	73
Total fertility rate (births per woman) <sup>4</sup>	-	2.9	-	4.3	-	2.6	-	2.7
Contraceptive prevalence rate (% of population) <sup>5</sup>	-	64	-	18	-	65	-	59
Adult mortality rate (per 1000) <sup>6</sup>	153	96	432	339	117	53	216	116
Unemployment rate <sup>7</sup>	9	24	-	-	10	22	-	-
Earnings inequality <sup>8</sup>	100	76	-	-	100	90	-	-

**Sources:**  
<sup>1</sup> World Development Report (WDR) 2000/2001 (1998 figures)  
<sup>2</sup> Dominican Republic: ENDESA-96; Haiti: WDR, 1999/2000; Jamaica: ESSJ 1999  
<sup>3</sup> WDR 2000/2001 (1998 figures)  
<sup>4</sup> WDR 2000/2001 (1998 figures)  
<sup>5</sup> Percentage of women ages 15-49 1990-98, WDR 2000/2001  
<sup>6</sup> Probability of a 15 year old dying before age 60 if subject to age-specific mortality rates between ages 15 and 60, WDR 2000/2001 (1998 figures)  
<sup>7</sup> Dominican Republic: World Bank estimates (based on ENGIH 1998 data); Jamaica: the Labor Force 1998, Statistical Institute of Jamaica (STATIN)  
<sup>8</sup> Percentage of men's earnings on average. Dominican Republic: 1996 *Comisión Económica Para América Latina y El Caribe* (CEPAL); Jamaica: World Bank LAC Gender Database

gender gap at the national level is four years for the Dominican Republic and Jamaica, and five years for Haiti, compared to the LAC average of six years. The total fertility rate for both Haiti (4.3 births) and the Dominican Republic (2.9 births) is above the LAC average of 2.7 births. Contraceptive prevalence is high for both Jamaica (65 percent) and the Dominican Republic (64 percent) compared to the LAC average (59 percent), but extremely low for Haiti (18 percent). Maternal mortality varies significantly among the three countries, reaching 600 deaths per 100,000 live births for Haiti. The Dominican Republic has the second highest level, with 220 deaths per 100,000 live births, followed by Jamaica with 110. Gender inequality in earnings is low in the Dominican Republic and extremely low in Jamaica.

## **REPORT ORGANIZATION**

6. The report has five sections. The first three comprise the country notes, as presented in alphabetical order: Dominican Republic, Haiti and Jamaica. Each note contains an overview of findings followed by a comparison of gender indicators with countries of similar per capita income, a gender analysis by sector and recommended policy directions for the country. The fourth and fifth sections present, respectively, conclusions and recommended policy directions for the three countries in aggregate.

### 3. HAITI

#### OVERVIEW OF GENDER ISSUES IN HAITI

86. Haiti is the poorest country in the Western Hemisphere. Poverty is endemic; more than 60 percent of the population lives below the poverty line. Malnutrition affects about one half of children under the age of five, and less than half the population has access to safe water. Over half of the adult population is illiterate, and only one in seven adolescents attends secondary school. As poverty has increased in recent years, evidence suggests that income inequality has increased as well; the gini coefficient is estimated to be 0.56, surpassed only by Brazil and Guatemala in the LAC region.

87. As the poorest country in the Western Hemisphere, Haiti also exhibits some of the worst gender-related indicators. For example:

- maternal mortality is a staggering 600 per 10,000 live births;
- life expectancy at birth is 56 years for females and only 51 years for males;
- the overall fertility level is 4.3 children with huge regional differences;
- modern contraceptive use is the lowest in the Western Hemisphere;
- the HIV infection rate is the highest in LAC, with women's and men's infection rates now being equal; and
- sexual and domestic violence against women and girls appears to be common.

88. Legal and constitutional advances related to women have also been minimal in Haiti, and the legal code remains antiquated in terms of gender equality. Adultery is classified as a second-level crime, and women who are caught can receive three months to two years' imprisonment, while men pay only a fine. Rape is never actually defined in the law but is classified among "offences against public decency." Abortion is illegal under all circumstances, even for therapeutic purposes, and punishable by 3-9 years in prison. And although only a minority of Haitian couples are legally married, the law does not recognize many rights of women living in informal unions, particularly those related to inheritance.

89. Haiti has very low levels of educational attainment overall, but unlike African countries with similar levels of economic development such as Togo and Senegal, only a small gender gap exists in favor of men. Primary and secondary educational attainment is similar for men and women. However, illiteracy is higher for women (54 percent) than for men (50 percent).

90. Interestingly, Haiti has one of the highest female Economically Active Population rates (EAP) in the developing world, with 62 percent of women working. From 1981 to 1999, the female proportion of the EAP increased from 40 to 48 percent while men's EAP decreased from 60 to 52 percent. This is not so surprising given that women's labor force participation tends to be U-shaped, depending on the stage of economic development in which the country finds itself (Blau et al. 1996). That is, the participation of women is typically high when a country's economic development is low, and the country is in the stage

of subsistence agriculture, as is the case of Haiti. However, women's unemployment – an estimated 44 percent in 1993 – is substantially higher than men's (35 percent).

91. The situation in rural Haiti is particularly acute given the stagnant under-productive agriculture sector, the lack of basic infrastructure and services, and the extensive environmental degradation. These severe conditions in rural areas have differential consequences for men and women. For example, total fertility rates are 5.9 children and only nine percent of pregnant rural women gave birth in hospitals (compared to 31 percent of their urban counterparts). While time use data are unavailable, it is likely that housework, a traditionally female task, is particularly onerous because of fuel shortages and a lack of piped water.

92. Household structure significantly influences gender realities in Haiti. Several types of heterosexual unions exist, with "cohabitation" being the most common, and the level of stability of these unions varies widely. The importance of these unions goes beyond cohabitation; it often influences, among other things, the type of support that the man is obligated to provide and that the woman expects, as well as the family's emotional and economic stability, decision-making about family planning, and safe, or unsafe, sexual behaviors.

93. The Haiti note is organized as follows: the first section provides some basic gender indicators for countries of similar per capita income both within and outside LAC; and the second section presents findings of gender analysis in the following areas: legal and institutional framework (including political representation), demographics, household structure, health, sexual and reproductive health, violence, education, labor, agriculture and environmental degradation. The topic of sexual and reproductive health, including HIV/AIDS, received more attention than did others for two reasons. First, the recent demographic and health survey provides the most up-to-date representative information for Haiti at this time, thereby facilitating a more thorough analysis. Second, the seriousness of HIV/AIDS in Haiti justifies a more in-depth discussion on the gender dimensions of this epidemic. The note ends with a section on policy considerations for Haiti.

### HAITI AT A GLANCE

94. Haiti has some of the worst socioeconomic indicators in the Western Hemisphere. Even when compared to African countries with lower per capita GNP, it fares poorly. For example, Haiti's maternal mortality levels are worse than those of lower income Togo and Senegal (see Table 3.1). However, compared to these countries, Haiti has significantly lower fertility levels and gender gaps in illiteracy. As for LAC countries, Haiti's indicators are much worse than those of Nicaragua, the second poorest country in the Western Hemisphere, in terms of total fertility, maternal mortality, illiteracy and life expectancy.

**Table 3.1. Socioeconomic and Demographic Indicators for Comparable Countries**

GNP per capita 1999 dollars <sup>1</sup>	Population (millions) 1999	Total fertility rate (births per woman) 1998	Maternal mortality (per 100,000 live births) 1990-98 <sup>2</sup>	Illiteracy % people 15 years + 1998	Life expectancy at birth (years) 1998
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					m	f	m	f
Senegal	\$1,341	9	5.5	560	55	74	51	54
Togo	\$1,346	5	5.1	480	28	62	47	50
Haiti	\$1,207	8	4.3	600	50	50	51	56
Nicaragua	\$2,154	5	3.7	150	34	31	66	71
Honduras	\$2,254	6	4.2	220	27	27	67	72
Jamaica	\$3,276	3	2.6	110	18	10	73	77
Dominican Republic	\$4,653	8	2.9	220	17	17	69	73

Source: WDR 2000/2001 unless otherwise stated

<sup>1</sup> Adjusted for purchasing power parity

<sup>2</sup> Dominican Republic: ENDESA-96; Haiti: WDR, 1999/2000; Jamaica: ESSJ 1999

## INSTITUTIONAL AND LEGAL FRAMEWORK

95. The Ministry of Women's Affairs and Women's Rights is Haiti's main government body responsible for the status of women. As a ministry, it has the authority to present legislation to parliament and reports to parliament (Women's Environment and Development Organization, WEDO 1998). Due to the weakness of government agencies, international development agencies such as the UNDP, UNFPA, UNICEF, USAID and the Canadian International Development Agency (CIDA) have played a key role in further addressing gender issues in Haiti. As with the provision of most basic services, non-governmental organizations carry out much of the work related to gender in Haiti.<sup>27</sup>

96. Haiti's progress has been minimal on legal and constitutional reforms related to women. Recent limited advances include:

- **1982:** Haiti establishes a landmark decree that makes women equal to men, particularly within marriage. However, different penalties for breaches of laws continue to be applied, even though they may contradict this decree, the 1987 Constitution, and ratified treaties.
- **1994:** The government establishes the Ministry of Women's Affairs and Women's Rights to work toward eliminating "all forms and practices of violence against women" and to "propose and promote legal, administrative and disciplinary reform toward the respect of constitutional principles of equality between men and women".<sup>28</sup>
- **1981 and 1986:** Haiti ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Inter-American Convention on

<sup>27</sup> Data are scanty, but existing information suggests that the private and NGO sectors help compensate for the public sector's inability to deliver basic service in health, education and extension. Between 1992 and 1994 NGOs delivered 60 percent of all health services provided in Haiti (Schneidman and Levine 1998) and approximately 80 percent of all primary and secondary schools are run by the non-governmental sector (Salmi 1998; OXFAM 1995). The development of this parallel state is largely the result of donor strategies that have prioritized the NGO sector in the face of a weakened and inefficient public sector operating under successive militarized and repressive regimes.

<sup>28</sup> *Ministère à la Condition Féminine et aux Droits de la Femme.*

the Prevention, Punishment and Eradication of Violence Against Women, but these have little practical or even formal significance.<sup>29</sup>

97. Examples demonstrating the antiquated nature of Haiti's laws with regard to gender include:

- Adultery is classified as a *delit*, or second-level crime, and women who are caught are punished with three months to two years imprisonment, while men pay only a fine. Murder committed by a husband who discovers his wife and her lover *in flagrante delicto* may be excused by a judge or punished by no more than two years in prison.
- Rape is never actually defined in the law but is classified among "offences against public decency" (*atteintes aux bonnes moeurs*). Courts tend to attribute less importance to the rape of a woman who is not a virgin on the pretext that her honor is not at issue. Medical certificates are required to prove rape and are difficult or impossible for most women to obtain.
- Abortion is illegal under all circumstances, even for therapeutic purposes, and punishable by 3-9 years in prison. A doctor or other person who performs an abortion can be jailed for 3-15 years, although prosecutions are very rare.
- Violence is punished by laws against assault and battery, according to the circumstances of the attack and the degree of injury to the victim. Assault on a parent or adoptive parent is singled out for additional penalties, but no special mention is made of assault by men on women. Domestic abuse has traditionally been seen as an internal family matter and not penalized (Fuller 1999).
- Although only a minority of Haitian couples are legally married, the law does not recognize many rights, particularly of inheritance, of women living in *plaçage* (informal marriage), the most common form of stable union. Among other distortions caused by the law's non-recognition of widespread social practices, a married man may not recognize children born of a woman other than his wife, leading such children to sometimes be falsely registered as the children of the married woman (Fuller 1999).
- In rural areas, customary law is prevalent over Civil/Statute Law. Thus, while inheritance laws are meant to treat men and women equally, traditional practices exclude women from land ownership (N'Zengou-Tayo 1998).

### ***Political Representation***

98. In the 1997-99 period, women comprised 17 percent of ministers and 60 percent of deputy ministers but only four percent of local authorities and deputies (CEPAL 1999c). There are no female Supreme Court judges. The proportion of female ministers and deputy ministers in Haiti is high compared to the LAC averages of 12 and 16 percent respectively.

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<sup>29</sup>For example, under both dictatorship and democracy, Haiti has ignored its commitment to provide progress reports to CEDAW.

## DEMOGRAPHICS

99. Haiti has one of the highest population densities in Latin America, with an estimated 283 inhabitants per square kilometer in 1999 (World Bank 2001b). In 1999, Haiti's total population was about eight million, with about two-thirds of Haitians living in rural areas. The age structure of Haiti's youthful population reflects high fertility and elevated mortality; 40 percent of the population is under the age of 15 years, and 56 percent is between the ages of 15 and 64. In 1998, Haiti had an age dependency ratio of 0.82 (dependents to working age population), one of the highest in the LAC region (WDI 1999).

100. Life expectancy at birth is the lowest in LAC, at 51 years for males and 56 years for females (World Bank 2001b). The probability of dying between the ages of 15 and 59 for men is 432 per 1,000, as compared to 339 per 1,000 for women. Men are under-represented in the population, with 96 men to every 100 women, largely due to increased international migration and excess mortality among males.

### *Migration*

101. The collapse of agriculture in combination with the violence and repression of the recent coup period spurred a significant increase in out-migration from Haiti.<sup>30</sup> Out-migration has distinct gender and class characteristics and varies according to push factors and resources that can be deployed to migrate. Internal migration is dominated by women (twice as many women as men migrate from rural to urban areas), whereas cross-border migration is dominated by men (Laguette 1998; Akman 1992). Men disproportionately migrate seasonally or semi-permanently to the Dominican Republic, to seek employment harvesting sugar cane and bananas on plantations and farms.<sup>31</sup> Women tend to migrate to urban areas seeking employment as domestic employees or in export processing zones.<sup>32</sup> The temporary or permanent nature of these migration decisions affects household formation in both rural and urban areas.

102. For many Haitian households, the ability to capture remittances is key to diversifying income and lifting these households out of poverty (Gammage and Jumelle 2000; CARE 1997b). Almost 70 percent of household survey respondents in the rural Northwest and Northern Artibonite reported having at least one relative overseas, who send average annual remittances of a little over 1500 *gourdes*.<sup>33</sup> Remittances appear to be disproportionately important for female-headed and female-maintained households allowing them to purchase a range of consumption items that enable them to mitigate poverty and secure income.

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<sup>30</sup> Between 1990 and 1997 an estimated 220,000 Haitians, or almost four per cent of the total population, migrated to the United States (US Census Bureau 1999).

<sup>31</sup> While men make up the greatest proportion of international migrants, women also migrate externally and in some cases face more serious exploitation and discrimination than their male counterparts. The National Coalition for Haitian Rights reports that in the Dominican Republic, which is estimated to have the greatest number of Haitian migrants, economic and racial exploitation is further exacerbated for women who as workers have fewer rights than men (for example, they are not legally permitted to work on sugar cane plantations, and are not eligible to receive housing, health care and other social services, and are often subjected to sexual violence) (Correia 1998; World Bank 2001a).

<sup>32</sup> Although men also migrate to the cities and obtain employment in the urban informal sector, a significant proportion do so as an interim strategy to secure contacts that will eventually enable them to migrate to other Caribbean islands or to the United States.

<sup>33</sup> The exchange rate at the time of writing was 25.30 *gourdes* = 1US\$.

Remittances make up approximately 43 percent of total income for female-headed households and less than 29 percent for male-headed households (ADRA survey 1994). Households receiving remittances were more likely to have a microenterprise or undertake small-scale trade.

### HOUSEHOLD STRUCTURE

103. The household is a dynamic entity in Haiti, not easily defined or captured by conventional survey instruments. Households dissolve and reform due to seasonal and periodic migration, fostering-in and -out of children<sup>34</sup>, multiple partnering and the high proportion of informal conjugal unions (Correia 1998; CARE 1997a; de Zalduondo et al. 1993; Anglade 1986). The importance of the union goes beyond cohabitation; it often influences the type of support that the man is obligated to provide and that the woman expects, as well as emotional and economic stability, decision making about family planning and safe, or unsafe, sexual behaviors.

104. The most common type of union is cohabitation (*place*) (Cayemittes et al. 1995; Akman 1992; Maynard-Tucker, 1996), followed by legal marriage (*marye*), and then union without regular cohabitation (*vivavek*) (see Table 3.2). As Table 3.3 indicates, gender differences are small with respect to those in *marye* and *place* status. However, men are more likely to be single than women (the proportions being 43 percent and 32 percent respectively). Furthermore, a higher proportion of females than males claimed to be in less stable relationships, or were separated or divorced. It is important to note that the “union” status is not mutually exclusive or static. Men could be involved in several unions at one time or have multiple partners, including casual ones (Akman 1992). While it is not uncommon for women in unions other than legal marriage to have more than one partner, it is expected that women remain monogamous (Maynard-Tucker 1996).

**Table 3.2 Types of Unions in Haiti, by Order of Stability**

Type of Unions	Definition	Characteristics
<i>Marye</i>	Legal marriage	Generally involves cohabitation and stability. In rural areas, it is not commonly practiced because of costly rituals and ceremonies. The man is usually obligated to provide economic support for the woman and children (Akman, 1992).
<i>Place</i>	To set up a household	Generally involves cohabitation and can be as stable as <i>marye</i> . It was originally created as a form of partnership because rural residents did not trust the legal system and civil officials, and wanted to avoid costly weddings and the influence of the state or Church in restricting partners (Akman, 1992).
<i>Vivavek/Menaj</i>	To live as a pair	May or may not involve cohabitation; less stable than <i>place</i> . Male economic support is limited (Akman, 1992).
<i>Remen</i>	Lover	More common among young people in rural areas, and involves sexual relations. May or may not lead to <i>place</i> .
<i>Fyanse</i>	Engaged	More prevalent among young people in urban areas, and generally practiced by higher social economic classes.
<i>Antente, Flirte, Wik'en</i>	Casual	Involve sexual relations that are unstable and casual.

<sup>34</sup> There is frequent fostering-in and -out of children as part of a complex coping strategy that enables households to meet their daily subsistence requirements. Approximately 28 percent of urban and 24 percent of rural households reported that they were caring for foster children, according to the 1994/95 Demographic and Health Survey (DHS) (Cayemittes et al. 1995). Foster children are usually extended kin.

**Table 3.3 Prevalence of Types of Unions by Sex**

"Marital" Status	Female %	Male %
<i>Marye*</i>	17.9	17.5
<i>Place*</i>	27.8	26.1
<i>Vivavek**</i>	11.4	5.7
<i>Renmen/ Fiance**</i>	1.0	0.9
Separated/Divorced	8.0	5.4
Widowed	2.1	0.9
Single	31.8	43.4
Total	100.0	100.0

Source: Cayemittes et al. (1995)

\*union with cohabitation (stable)

\*\* union without cohabitation (unstable)

105. **Paternity.** Attributing paternity is tremendously important in Haitian society, and a man's inability to support his own children (regardless of how many and from whom) is a stigma. By law and custom, a married man's children with other women cannot become his heirs, thus the reluctance of some men to legally marry may also be understood as unwillingness to prospectively disinherit future offspring (Lowenthal 1984). But while the presence of children is, in theory, a guarantee of economic support from the father, in reality many Haitian mothers do not receive such support, and must accept their children as their sole responsibility (Brown 1991; Farmer 1999).

## HEALTH

106. Haiti consistently ranks poorly in the LAC region with respect to health indicators. The World Health Organization (WHO) ranks Haiti 138<sup>th</sup> of 191 countries in terms of the overall performance of the health system, the lowest ranking in the LAC region. Women's life expectancy at birth is higher than that of men, despite exceedingly high maternal mortality levels. The health system is rife with inequitable access, limited coverage and low quality of services, with the poor disproportionately bearing the burden. The health infrastructure has continued to deteriorate, with the majority of health facilities dating back to 1930s (Schneidman and Levine 1998). Furthermore, low utilization rates were related to shortage of staff, equipment and supplies, long waiting times, travel cost and inconvenience. Geographical distribution of physicians and health facilities is heavily biased toward urban areas, in particular Port-au-Prince.

### *Infant and Child Health*

107. Boys suffer from slightly higher infant mortality rates than girls in Haiti (see Table 3.4). Although the infant mortality rate is declining in Haiti, at a little less than 74 per 1,000 live births, it remains among the highest in the region. This alarmingly high rate of infant mortality is linked to low educational levels for women in Haiti (Rokx 1997). Infant malnutrition is associated with over 50 percent of all childhood deaths (Pelletier in Rokx 1997),<sup>35</sup> and most malnourished infants are not hospitalized (Rokx 1997). Malnutrition in

<sup>35</sup> While breast-feeding is nearly universal in Haiti (96 percent), the demand upon women to generate income means that many women abandon breast-feeding early and wean prematurely. Only three percent of children are breastfed exclusively for the first three months of life. The early introduction of liquids and solid foods

infancy and early childhood is manifested in low height for age (stunting) and low weight for age (wasting), which are highest in the lowest income quintiles (see Table 3.5). Girls are uniformly better nourished than boys, except in the middle income quintiles.

**Table 3.4 Infant Mortality Rates by Sex (Deaths per 1,000 live births)**

	1980-85	1990-95
Girls	116	70
Boys	128	78
Ratio of girls to boys	0.91	0.90

Source: CEPAL 2000

**Table 3.5 Child Health by Sex**

	Low height-for-age			Low weight-for-age		
	Income quintile			Income quintile		
	Poorest	Middle	Richest	Poorest	Middle	Richest
Percent of girls malnourished						
1994-95	43.5	33.3	10.5	37.3	28.6	8.5
Ratio of girls to boys						
1994-95	0.91	1.06	0.73	0.92	1.14	0.75

Source: Gwatkin et al. 2000

## SEXUAL AND REPRODUCTIVE HEALTH

### *Fertility*

108. Haitian women will give birth to 4.3 children during their reproductive years on average, with gaping regional differences (World Bank 2001b). In rural areas, the total fertility rate stands at 5.9, whereas in Port au Prince it is 3.0, and in other urban areas it is 3.9. Gender preference for child is not evident in Haiti (Akman 1992). The majority of Haitian women prefer about three children (Cayemittes et al. 1995). Rural women prefer a slightly greater number of children (3.6 children) than urban women (3.0 children). And almost no difference exists between men (3.4 children) and women (3.3 children). Higher fertility rates in rural areas suggest that the unmet need for family planning is most extreme in these regions.

### *Adolescent Fertility*

109. Adolescents between the ages of 15 and 19 contributed to a small but significant portion of Haiti's high fertility: teenage mothers delivered eight percent of all births. According to the DHS 1994/95, girls in rural areas were more likely to have initiated their fertility by the time of the survey than were their counterparts in urban areas (Cayemittes et al. 1995). As expected, Haitian males in general are more likely than females to have their first sexual experience at an earlier age. Among the 15-19 year old age group, eight percent

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dramatically increases the risk of infectious disease, diarrhea and ultimately death for the infant (PAHO in Rokx 1997; Alvarez 1990).

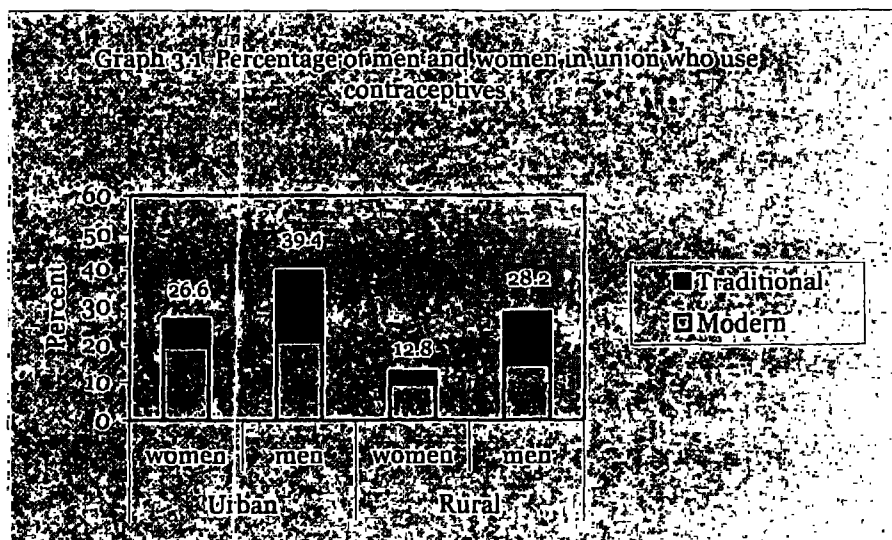
of girls have had sex by the age of 15, compared to 20 percent of the boys, which is consistent with findings from other surveys.<sup>36</sup>

### Contraceptive Use

110. Although Haiti has witnessed an improvement in contraceptive use in recent years, the country still has the lowest rate in the Western Hemisphere, despite numerous programs supported by donors and international organizations. According to the latest figures (1998) on contraceptive use, 18 percent of Haitians in their reproductive years were using contraceptives (World Bank 2001b). The DHS 1994/95 reports that just 13 percent of women and 17 percent of men in their reproductive years were using a modern contraceptive (which in Haiti includes the pill, injectables, female sterilization, hormonal implants, condoms and male sterilization). Gender and regional differences are noteworthy: women residing in rural areas who are *in unions* (13 percent) are less likely to use family planning than their counterparts in urban areas (27 percent) (Cayemittes et al. 1995). This pattern is also evident among men. About 39 percent of urban men in unions have ever used family planning, compared to 28 percent of their rural counterparts. When only modern contraceptives are considered, contraceptive utilization rates decline even further.

111. Contraceptive use also differs significantly by type of union. For both women and men, those who are sexually active but who were not currently in a union were more likely to use contraception than all of those in a union. It is interesting to note that contraceptive use was more common among men and women in unstable (non-cohabitating) relationships than among those in stable (cohabitating) unions. Resistance to family planning and contraceptive use in Haiti is reinforced by many factors; see Box 3.1 for a detailed discussion.

112. Low contraceptive use is prevalent among sexually active adolescents, which further exacerbates the potential adverse health consequences of early sexual initiation. Only nine percent of girls between 15 and 24 years old have tried any form of contraception, and of these, only four percent have ever used a modern method (WHO 1998).



<sup>36</sup> The Child Health Institute found that in its sample, 10 percent of sexually active young women and 24 percent of sexually active young men had sex before the age of 15 (cited in Holschneider 1999). The Haiti Family Planning and AIDS Prevention Survey, conducted in 1998, revealed an even higher level of early sexual initiation: 35 percent of sexually active women under the age of 18 have had sex before 15 (cited in Holschneider 1999). The Haitian National Survey on Contraception in 1989 found that, among its male respondents, eight percent had sex for the first time between the ages of seven and 11 (WHO 1996).

Half of adolescents attending a large clinic in Port-au-Prince, reported having had one or more abortions (Guest 1994). These figures reveal a vast need to include adolescents in reproductive health programs.

### **Maternal Mortality**

113. Of every 100,000 live births in Haiti, about 600 women die from child birth (WHO/PAHO 1998), giving the country the highest maternal mortality rate in the LAC region. WHO identified the principal direct causes of maternal deaths in Haiti as: eclampsia (31 percent), hemorrhage (22 percent), infections (20 percent), gynecological disorders (11 percent) and other complications from an infection or neurological condition (16 percent). High maternal mortality in Haiti is related to clandestine unsafe abortions, and in large part reflects the failure of the country's health care system, which has inadequate prenatal and natal care. Only nine percent of pregnant rural women gave birth in hospitals, as do only 31 percent of their urban counterparts.

114. Poor quality of service engenders a lack of confidence in medical facilities by the public. Barnes-Josiah et al. (1998) studied 12 maternal mortality cases and identified three main causes: delay in seeking appropriate medical care in an emergency, delay in reaching an appropriate obstetric facility, and failure to receive adequate care at the facility. Moreover, an estimated 25 to 40 percent of all maternal deaths could be prevented through improved family planning (Schneidman and Levine 1998). Coupled with the failing health system, high maternal mortality takes place within a socio-cultural environment that promotes high fertility, high economic and social value of children and gender expectations about women and child bearing.

115. Underlying the formal health care system of clinics, hospitals and medical professionals, a rich and highly structured traditional health sector continues to thrive in Haiti (Barnes-Josiah et al. 1998). Various types of healers participate in assisting pregnancy and childbirth and caring for related problems, such as shamans (voodoo practitioners),

#### **Box 3.1 The Challenge of Reducing Fertility in Haiti**

Resistance to family planning in Haiti is reinforced by a variety of social, religious and practical factors. As in many other poor countries, Haitians view children as assets for their labor, such as helping mothers maintain the household and rearing younger children. Moreover, women view children as strengthening their partner's emotional and economic ties to the family. This is particularly true in insecure and unstable unions, such as *vivavek* or *remen*. Bearing a child helps to secure a woman's relationship with her male partner (Akman, 1992, Maynard-Tucker 1996).

Religious beliefs also promote high fertility. Catholicism is the primary religion of Haiti, with Protestantism gaining grounds among the rural and urban poor. Alongside Christianity, voodoo is widely practiced by the majority of Haitians. The opposition to modern contraception has emerged from many leaders across all religious groups (Maynard-Tucker 1996). For example, voodoo priests, who play an important role as healers, view contraception as an assault on the belief that women can be possessed and impregnated by a god during rituals (Maynard-Tucker 1996).

Furthermore, women with no or few children bear social stigma. Women who have only one or two children or have difficulty getting pregnant are considered "infertile" or "pedisyon"—a culture-specific illness in which a woman is thought to be pregnant, but the normal progression of pregnancy is stopped. Many Haitians believe that sterility is the curse of black magic upon the woman (Maynard-Tucker 1996). Coreil et al. (1996) suggests that pedisyon allows women who are infertile or subfecund to cope with the social pressure to bear children.



herbalists and traditional birth attendants. Whereas the former two are relied on in cases of pregnancy or delivery-related complications, traditional birth attendants often hold the primary responsibility for delivering births. As might be expected, women living in rural areas have less access to physicians and nurses than urban women. Untrained personnel assisted more than half of the deliveries among rural women, as compared with a quarter among urban women, according to the DHS 1994/95 (Cayemittes et al. 1995). Place of childbirth differs greatly between regions. Half of the women in Port-au-Prince gave birth in a hospital, compared with 31 percent of women in other urban areas.

### ***HIV/AIDS Epidemic***

116. Haiti is facing a devastating HIV/AIDS crisis, the worst in the LAC region. Although men were disproportionately affected by HIV infection during the early stages of the epidemic, the rate of infection among women has risen dramatically to equal that of men (Ulin et al. 1993). UNAIDS estimates that 5.2 percent of the general population between the ages of 15 and 49 has been infected with HIV. A total of about 190,000 adults and children were living with HIV/AIDS at the end of 1997. More than 90 percent of the infections occurred through heterosexual contact (Deschamps 1996).

117. HIV/AIDS in Haiti has been a generalized epidemic since the late 1980s, with the infection spreading beyond highly vulnerable groups into the

### **Box 3.2. Vulnerability to HIV in Haiti**

The HIV epidemic in Haiti is likely to continue spreading given the context of elevated vulnerability, as exemplified by the following:

- While a large majority of people in Haiti has heard of HIV/AIDS, some groups, for example, rural women, rely on few information sources.
- AIDS has evoked fear in segments of the society, according to a 1993 survey of 1,300 men and 1,300 women between the ages of 15-49. Fear and stigma can drive the epidemic further underground and inhibit people from seeking testing and counseling, and from discussing and inquiring about the disease.
- Despite general awareness of condoms, actual use (life time prevalence) among the sexually active population is extremely low, particularly in rural areas. Only a fifth of rural men have ever used a condom, as compared to 46 percent of urban men (DHS 1994/95). Among the 12 percent of sexually active women who have ever used a condom, only 41 percent used the condom in every sexual encounter. Condom use is highest among singles, followed by women in unstable unions. Among sexually active males, condom use was highest among men who were separated or divorced, followed by men in unstable unions. Socio-cultural barriers to condom use abound in Haiti.
- Maintaining multiple sexual partners is a norm rather than an exception in Haiti (Ulin et al. 1993; Holschneider 1999; Maynard-Maynard-Tucker 1996). For example, men in unstable unions in both rural and urban areas had, on average, 2.4 partners in the 12 months prior to the DHS 1994/95 survey. Maintaining multiple sexual partners is not uncommon among women, though not as widespread or accepted as for men.
- Although the scope of the commercial sex industry is not known, paying for sex is not uncommon in Haiti. Eight percent of all male respondents of the 1994/95 DHS survey stated that they have paid for sex in the last 12 months, with men in rural areas (nine percent) more likely than men in urban areas (six percent) to have paid for sex. The magnitude and type of commercial sex services available, particularly in rural areas, are not known and need further investigation.
- Vulnerability to HIV is exacerbated by population movements, particularly male migration. Lack of social ties and social control, skewed sex ratios and availability of sex work all help fuel, among other things, risky behaviors associated with HIV.

general population. In 1989, 42 percent of workers engaged in the commercial sex industry of major urban areas in Haiti were already infected with the AIDS virus. In 1998, the prevalence climbed to 70 percent (UNAIDS, cited in Holschneider 1999). Pregnant women in major urban areas manifested HIV infection as early as 1986. In a sample of 1,237 women attending antenatal clinics in the slums of Port-au-Prince, nine percent were HIV positive (Boulos et al. 1990). Although much of the attention has focused on urban areas, a few studies show that HIV has made inroads into rural areas (Olle-Goig et al. 1994).

118. In the absence of an adequate and prompt response to HIV/AIDS, and given the context of high vulnerability in Haiti, the epidemic will continue to spread (see Box 3.2). High risk sexual behaviors, particularly among men, such as multiple sexual partners and engaging with sex workers, low condom use and early sexual initiation are common. The spread of HIV will be facilitated by the lack of STD treatment, care and management, and high mobility (rural–urban and cross border), in particular male migration. Sexual behaviors are further reinforced by norms about male and female sexuality, and gender roles and relations in sexual and reproductive decision-making.

## VIOLENCE

119. While specific data on Haiti are unavailable, the country's weak institutional framework means that virtually no rule of law exists and that violence is a generalized experience for both men and women. As in other countries, violence has important gender dimensions. Although both men and women experience and witness violence frequently, men are both the perpetrators and victims of violent acts whereas women are typically victims only.

120. The limited information that exists suggests that violence against women, and particularly the sexual abuse of girls, is widespread in Haiti. According to a 1996 UNICEF-funded investigation by the *Centre Haïtien de Recherches et d'Actions pour la Promotion Féminine* (CHREPROF), more than 70 percent of the female population have experienced some form of violence, of which 37 percent is sexual in nature (Adams et al 1998; Fuller 1999). One third of respondents said that they had been victims of physical violence and 50 percent of these aggressors were husbands or boyfriends. Also according to the study, an astounding 46 percent of Haitian girls have been sexually abused, of which 33 percent had experienced their abuse between the ages of five and nine years, and 43 percent between the ages of 10 and 14.<sup>37</sup> Despite this level of incidence, 66 percent of victims never report the crime, even though 79 percent can identify the perpetrators. The failure to report violence is attributed to the fact that many Haitian women do not know they have the right to bring charges against their aggressors and that they have the right not to be beaten by their spouses.<sup>38</sup>

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<sup>37</sup> The references to the study do not mention the specific age range of "girls", but do break down ages 5-9 and 10-14. Thus while not clearly stated in the report, "girls" is probably meant to refer to 15 years and under.

<sup>38</sup> When male respondents were asked about violence, 80 percent believed that violence against women was sometimes justified, such as in cases where women were rowdy (*tapageuse*), extravagant, refused to obey, or had committed adultery (CHEPROF 1996, in Fuller 1999). CHEPROF (1996) and other sources also report that 29 percent of women had not consented to their first sexual experience. The same study noted a prevalence of violent expressions commonly used by men to describe sexual intercourse (such as crushing, hitting, beating, etc.).

## 5. CONCLUSIONS

231. Gender-related issues are prominent in all three Caribbean countries examined in this report, the most salient being: (a) problems in the provision of integrated and sexual health care, which have led to elevated levels of maternal mortality, unplanned pregnancies (particularly among adolescents) and the highest incidences of HIV infection in LAC; (b) the prevalence of male violence, including domestic, social and economic violence as well as intergenerational violence; (c) low educational attainment with particularly high repetition rates among boys in the Dominican Republic and Jamaica; (d) large gender gaps in unemployment to women's disadvantage, with the widest gap being in the Dominican Republic; (e) the presence of discrimination in laws because they are either outdated (Haiti) or inadvertently discriminate against women (the Dominican Republic); and (f) poverty linked to household structure and single parent families, unstable home environments, absent fathers and lack of parenting skills. Specific country issues are described below.

232. In the **Dominican Republic** maternal mortality levels are high given the broad coverage of health care services. While total fertility has decreased overall, births among adolescent girls have increased. High fertility in the Dominican Republic is generally associated with low levels of education and rural residence. More importantly, the HIV infection rate is among the highest in LAC, and is increasing at a faster rate among women than men. Domestic violence remains widespread and accepted in society, with illegal migrant Haitian women being particularly vulnerable. Gender problems in education are related to boys' under-performance: the Dominican Republic has the highest gender gap in school repetition rates in the region. But while girls now outperform boys in school, female labor force participation continues to be lower than that of men's. Within LAC, the Dominican Republic has one of the highest gender gaps in unemployment, to women's disadvantage; unemployment among female youth is almost double the rate of male youth. Lastly, while the Dominican Republic has made important changes to its laws in recognition of issues such as domestic violence, problems with the civil code and other legal concerns persist. Women's political participation also appears to be low vis-à-vis other countries in the region.

233. **Haiti's** extreme poverty translates into some of the worst gender indicators in the Western Hemisphere. Within the LAC Region, Haiti exhibits the highest maternal mortality rates, the lowest life expectancy for women and men, the highest overall fertility, the lowest levels of contraceptive use and the highest HIV infection rates. The situation in rural areas is particularly severe given the lack of economic opportunities, basic infrastructure and services. Sexual and domestic violence also appear to be prevalent in Haitian society. And despite one of the highest levels of female labor participation, unemployment levels for women are significantly higher than those of men. Moreover, high female employment is likely less related to women's emancipation than to the need for subsistence and basic survival. Lastly, legal and constitutional advances related to women have been minimal. Haiti's antiquated laws treat men and women in disparate ways.

234. In the case of **Jamaica**, the overwhelming numbers of unplanned pregnancies and the incidence of HIV point to problems with reproductive health services reaching men and women. As for violence, Jamaica is one of the most violent societies in LAC, with crime being concentrated among young males, who are the principal victims and offenders of all

serious offenses. Domestic and sexual violence, which is less reported, is also widespread in Jamaica. In relative terms, education is a male issue in Jamaica: illiteracy is 50 percent higher for men than women. And while women have one of the highest labor force participation rates in LAC, consistent with other countries, Jamaican women have double the unemployment level of men.

#### INSTITUTIONS AND MEN'S AND WOMEN'S WELL-BEING

235. While the cultural and historical backgrounds of the Dominican Republic, Haiti, and Jamaica differ, one common theme emerges from the analysis of gender issues carried out here: the importance of institutions. In all countries reviewed, the society's "gender rules," the state, and the household, are critical institutions in terms of influencing men's and women's outcomes. They are also central in understanding how to improve men's and women's well-being and that of their families.

##### *Gender Rules*

236. As in other parts of the world, social rules prescribe the roles men and women take on and the appropriate behaviors for each over their lifetimes. Beginning with school-age children, boys exhibit higher repetition rates due to labor force participation and the expectation that they should play the male "breadwinner" role. In Jamaica, on the scale of male priorities, education ranks lower than earning money, which has clear implications for men's human capital and labor market outcomes. Girls, in contrast, are more likely to abandon school because of early pregnancy or domestic and childcare responsibilities at home, which is consistent with the traditional female "caregiving" role. In Haiti, women face social pressure to bear children, following on their traditional reproductive and maternal roles.

237. As adults, despite higher levels of education among Dominican and Jamaican women, labor force participation is lower among women than men, and their unemployment levels are substantially higher. Evidence from other countries suggests that gender-specific responsibilities to carry out housework and childcare constrain women's economic activity and earnings (Katz and Correia 2001), with obvious implications on them and the well-being of their families. Another example of the importance of gender roles in determining outcomes relates to violence, which is highly prevalent in Jamaican society. High levels of male unemployment – typical of small island states – and men's consequent difficulty in fulfilling their expected "breadwinner" role has been cited as one of the main causes for increased violence in the subregion (Ayres 1998; Barker 1998).

238. Gender roles and expected behaviors are also linked to household formation and stability. For example, having multiple sexual partners is accepted behavior among men in Haitian society, which compromises men's ability to form a stable household and union. It also challenges men's ability to provide economic support for their children. Men's (and fathers') presence in the household, or lack thereof, in turn influences decisions on fertility, precautions related to sexual behavior, labor force participation, children's psychological well-being and family stability.

### ***State Institutions***

239. Information presented here also suggests that state institutions matter for gender outcomes. In no country in the Western Hemisphere is the absence of government so striking as in Haiti, and the gender consequences of these deficiencies are obvious. They have led to the highest rates of maternal mortality and contributed to high fertility and HIV infection rates. Remarkably, only nine percent of rural women give birth in a hospital. But the importance of state institutions is also clear in Jamaica and the Dominican Republic. Almost all teenage pregnancies are unplanned in Jamaica, as are the majority of pregnancies of all ages, thus pointing to the inadequacies of reproductive and sexual health care programs and policies in that country. HIV infection is high and adolescent pregnancy has risen in the Dominican Republic, which is likely due, at least in part, to reproductive health programs targeting mostly married women to the exclusion of youth and men. Also in the Dominican Republic, several aspects of civil and agrarian law make it difficult for rural women in particular to gain access to land, which contributes to women's low levels of land ownership and increases their probability of being poor.

240. The importance of state institutions in determining outcomes at the household level is fascinating in the case of Haiti. The informal *place* union in Haiti originally emerged because rural residents did not trust the legal system and civil officials and because they wanted to avoid costly weddings and the influence of the State or Church in restricting partners. The *place* household arrangement is now the most common form of union in Haiti.

### ***The Household as an Institution***

241. Vis-à-vis other countries in LAC, one of the most prominent aspects of Haitian and Jamaican societies is the unique nature of how households are formed, the types of unions that are acceptable, and the corollary relationships between partners, parents and children. Household formation, their structure and their relations have important gender and intergenerational consequences. In Jamaica, for example, the fact that most children are born out of wedlock and do not have registered fathers, means that children are, for the most part, raised without their fathers. Also, a common type of union in Jamaica is the "visiting relationship", a semi-permanent arrangement in which the man does not live in the same household as the woman but visits from time to time. The presence of men in the family who are not the natural fathers of the children in the household has been linked to high levels of sexual violence in Jamaica. In Haiti, while the largest proportion of the population is in a stable union, the "union" status is not mutually exclusive or static. Men can be involved in several unions at one time or have multiple partners. And even though it is a stigma for Haitian men not to support their children, regardless of how many they have and the type of union the children come from, in reality, many mothers do not receive the father's economic support and must accept their children as their sole responsibility.

242. While it is beyond the scope of this report to explain the complex nature of household formation and relations in Haiti and Jamaica, the literature on the economics of the family provides some useful insights.<sup>85</sup> From the perspective of neoclassical economists, decisions regarding family formation and breakup or fertility are based on whether the

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<sup>85</sup> This section is primarily based on "The Economics of Women, Men and Work" by Blau et al. (1996).

benefits exceed the costs. Marriage was thus seen as advantageous in many societies in which women specialized in domestic work and men in market work, thus leading to increases in the couple's productivity and economic well-being.<sup>86</sup> But increased female education, reduced sex discrimination and corollary increases in women's labor force participation in many countries have led to greater market productivity for women, and in turn, lower marriage rates. Few economic opportunities for men have also made them less attractive partners to women thereby also contributing to reduced marriage rates. In the United States, for example, marriage in the African American community has declined dramatically, reflecting both women's rising employment levels and men's poor job prospects. In inner cities, high rates of crime and incarceration have further reduced the supply of "marriageable" men. Moreover the smaller gender wage differential among African Americans has meant fewer gains from the job specialization that may occur with marriage. Thus in the case of Haiti and Jamaica (and to a lesser extent the Dominican Republic), women's increased educational and economic opportunities coupled with men's declining status in the labor market may also help to explain household dynamics.

243. In many countries worldwide, attitudes towards marriage, separation and divorce, cohabitation, sexual relations outside marriage and multiple partnering have also played a key role in household formation and relations. In the case of the Caribbean, historical events – and specifically slavery – fundamentally affected family formation (Patterson 1975, cited in Williams 2002). Plantation owners actively discouraged slaves from asserting their role as fathers and partners (*ibid.*). For more on the subject and a historical perspective of Caribbean family structure and formation see Clarke (1957). As for the Dominican Republic, it is likely that the Catholic Church has played an important role in dictating household formation patterns but that like other LAC countries, the norms have broken down somewhat as a result of increased female education and labor force attachment.

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<sup>86</sup> Other factors contributing to marriage include economies of scale in housing and commodities and non-economic considerations such as love and companionship.

## 6. POLICY DIRECTIONS

244. Over the long term, gender work in the three countries examined should continue to address socialization processes and norms that cause men and women to assume negative roles and establish asymmetrical relations. These socialization processes are linked to violent behavior among men, shortened life spans of men, the spread of HIV/AIDS, teenage pregnancy, multiple partnering and absent fathers, unstable family environments, school drop-out and repetition (particularly among boys), the unequal burden of parenting and childcare on women (which has implications for their labor force participation and earnings), and the intergenerational transfer of poverty and violence. Socialization processes take place in the public and private sphere and are influenced by, among other factors, the education system, the media, family structures and role models/peer groups. Policy and program interventions should thus focus on these domains.

245. As many Caribbean groups and development practitioners have detected through experience, gender cannot continue to focus solely on women if gender barriers are to break down. Both men and women are socialized and behave according to gender norms and expectations, which leads to problems for both groups. While women's issues are well-known and documented, men's issues related to masculinity, including violence, alcoholism and substance abuse, risky behavior, the effects of unemployment and aging and active fathering, are relatively under-researched and extremely important in the Caribbean subregion. Experiences in LAC as well as in more industrialized nations such as the United Kingdom and the United States suggest that parallel efforts need to be made to reach men if real change is to take hold.

246. As for specific policy areas, the report recommends focusing on the following issues:

- **Reproductive and sexual health**, which would include: (a) broadening the coverage of services beyond women in union to include youth (male and female), and men in all three countries; (b) increasing the coverage of services in Haiti, and in rural areas in particular, with creative means such as the use of traditional healers to meet the unmet need for contraceptives and reduce maternal mortality; and (c) broadening the scope of services to encompass sexual as well as reproductive health in all three countries.
- **Violence reduction** – both male on male violence and domestic violence – with a focus on prevention, which would involve the use of the education system, community-based interventions, and media/communications tools. Programs to integrate, inform and educate the police, judges, potential victims and offenders on domestic violence laws have been successfully introduced and could therefore be scaled up in Jamaica and the Dominican Republic and replicated in the case of Haiti.
- **Legal reforms**, in Haiti in particular, are justified given the antiquated nature of the laws, which blatantly discriminate against women. In the Dominican Republic, examining the labor and family codes to see how these inadvertently or

otherwise discriminate against women and men is a priority, as well as examining if amendments to the Agrarian Reform Act have had their intended effects. Another priority is to look at the issue of childcare and flexible work policies in the context of labor laws.

- **Early childhood development and targeting youth at-risk**, in all countries but with a focus on Jamaica and the Dominican Republic: youth at-risk programs would be aimed at reducing school drop-out (particularly among boys), addressing youth unemployment, reducing teenage pregnancy and the intergenerational effects of poverty and youth at-risk, reducing gang-related activity and substance abuse, promoting responsible parenting (and in particular the role of fathers in childrearing and childcare), and addressing inequalities in gender roles and relations. The school system, media, community-based groups and local governments could be used to deliver these programs. Also, the private sector could be used creatively to finance such interventions. Lastly, investments in early childhood development would go a long way to both increasing the cognitive and academic skills of kids (thereby reducing their chances of being at-risk later in life) as well as freeing the time of parents (mothers) to engage in economic activities.

247. Haiti's staggering poverty and social conditions, political instability and weak government institutions put the country in a category of its own within the region. Policies here need to be part of larger effort focused on alleviating poverty, improving governance, increasing the effectiveness of public sector institutions and government spending, consolidating political stability, and strengthening macroeconomic stability. In terms of gender, the report makes two additional recommendations: (a) ensuring that economic opportunities reach both women and men (including income, employment and small enterprise generation programs), and (b) investing in on-farm and off-farm activities in rural areas as well as increasing access to domestic energy, given the important implications of the latter on rural women's time and productivity. The extremely limited capacity of the state suggests that investments need to be directed through civil society organizations, at least in the short-term.



## BIBLIOGRAPHY

- Adams, R, Morris, G., Martin P., and H. Baldwin (1998). *Gender Analysis of USAID/Haiti's Strategic Objectives*. Washington, D.C.: WIDTECH/USAID.
- ADRA Survey Data (1996). *A Baseline Survey of Livelihood Security in the Departments of the Artibonite, Center, North, Northeast and West, Republic of Haiti*. Tucson Arizona: Bureau of Applied Research in Anthropology, University of Arizona.
- Adrien, D. A. (1998). "Sécurité Alimentaire: Stratégie Méthodologique, Proposition de Lignes Stratégiques". *Justice Economique*, Octobre 1997-Janvier 1998. Port-au-Prince: PAPDA.
- Ahmed, I. (1985). *Technology and Rural Women: Conceptual and Empirical Issues*. London: Allen and Unwin.
- Akman, G. (1992). *Both Sides Now: Gender Relations in Credit and Agriculture Cooperatives in Rural Haiti*. Ann Arbor, MI: University of Michigan Dissertation Series.
- Alvarez, M. (1990). *Early Infant Feeding in Haiti: A Synopsis and a Proposal*. Arlington, Virginia: MotherCare Project/John Snow, Inc.
- Alvear Valenzuela, M.S. (1992). "Situación de la Mujer Campesina Frente a la Legislación: Estudio Comparativo de Chile, Guatemala, Perú y la República Dominicana," in *Mujeres Campesinas en América Latina: Desarrollo Rural, Acceso a la Tierra, Migración y Legislación*. Rome: Food and Agriculture Organization of the United Nations (FAO).
- Anderson, M. B. (1991). "Technology Transfer: Implications for Women," in *Gender Roles in Development Projects*. Eds. C. Overholt, M. B. Anderson, K. Cloud and J. Austin. Kumarian Press.
- Anderson, P. (1997). *Youth Employment in Jamaica*. International Labor Organization.
- Anglade, M.A. (1986). *L'Autre Moitié du Développement: A Propos du Travail des Femmes en Haïti*. Port-au-Prince: Editions des Alizés.
- Anglade, M. (1995). *La Femme Haïtienne en Chiffres*. Haiti: UNICEF.
- Antrobus, P. (2000). *The Rise and Fall of Feminist Politics in the Caribbean Women's Movement 1975-1995. The Lucille Mathurin Mair Lecture 2000*. Kingston, Jamaica: Center for Gender and Development Studies, UWI.

- Atelier Inter-Agences de Coordination (1998). "Rapport du Groupe de Travail sur l'Emploi Productif en Haiti." *Moulin sur Mer*, 11-13 de Novembre, 1998.
- Ayres, R. (1998). *Crime and Violence as Development Issues in Latin America and the Caribbean*. Washington, D.C.: The World Bank.
- Bailey, B. (1997). "Not an Open Book: Gender Achievement and Education in the Caribbean." Working Paper Series 1 Mona. Ed. Patricia Mohammed. Kingston, Jamaica: Center for Gender and Development Studies, UWI.
- \_\_\_\_\_ (1997). "Introduction, Gender Perspectives in Education," in *Gender: A Caribbean Multi-Disciplinary Perspective*. Eds. Barbara Bailey, Christine Barrow and Elsa Leo-Rhynie. Kingston, Jamaica: Ian Randle Publishers: 130-132.
- \_\_\_\_\_ (2000). *Issues of Gender and Education in Jamaica: What About the Boys? EFA in the Caribbean: Assessment 2000*. Monograph Series No. 15 Kingston: UNESCO.
- \_\_\_\_\_ (Forthcoming). "Globalisation and Labour Market Transformation: Implications for Women's Human Resource Development in Jamaica," in *Human Resource Development and Workplace Governance in the Caribbean*. Eds. Noel M. Cowell and Clement Branche.
- Bailey, B. and M. Brown. (1999). "Gender Perspectives on the School Experiences: What are the Issues?" Kingston, Jamaica: Canada-Caribbean Gender Equity Fund.
- Barker, G. (1998). *Boys in the Hood, Boys in the Bairro: Exploratory Research on Masculinity, Fatherhood and Attitudes Toward Women Among Low Income Young Men in Chicago, USA, and Rio de Janeiro, Brazil*. Presented at the IUSSP/CENEP Seminar on Men, Family Formation and Reproduction, 13-15 May 1998, Buenos Aires, Argentina.
- Barker G. and M. Fontes (1996). *Review and Analysis of International Experience with Programs Targeted on At-Risk Youth*. LASHC Paper Series No. 5. Washington D.C.: The World Bank.
- Barnes-Josiah, D., C. Myntii, and A. Augustin (1998). "The Three Delays as a Framework for Examining Maternal Mortality in Haiti." *Social Science and Medicine*. 46 (8): 981-93.
- Barriteau, E. (1998). "Theorising Gender Systems and the Project of Modernity in the Twentieth Century Caribbean." In *Feminist Review* No. 59: 186-210
- Barrow, C. (1999). *Families in the Caribbean: Themes and Perspectives*. Princeton. Markus Wiener Publishers.
- Beckles, H. (1996). "Black Masculinity in Caribbean Slavery". Paper presented at Centre for Gender and Development Studies, UWI (St. Augustine), Conference on the Construction of Caribbean Masculinity: Towards a Research Agenda, Jan. 11-13, 1996.

- Behets, F., Desormeaux, J., Joseph, D., Adrien, M., Coicou, G., Dallabetta, G., Hamilton, H., Moeng, S., Davis, H., Cohen, M., and R. Boulos (1995). "Control of Sexually Transmitted Diseases in Haiti: Results and Implications of a Baseline Study among Pregnant Women Living in Cité Soleil Shantytowns." *Journal of Infectious Diseases*. 172: pp. 764-71.
- Bernstein, J. and E. Houston (2000). *Crime and Work: What we can Learn from the Low-Wage Labor Market*. Washington D.C.: Economic Policy Institute.
- Blank, L. (2000). *Youth-at-Risk in Jamaica Note*. Unpublished Manuscript. The World Bank.
- Blau, F. D. (1998). "Trends in the Well-Being of American Women, 1970-1995." *Journal of Economic Literature*. March 1998.
- Blau, F.D., Ferber, M. A. and A.E. Winkler (1998). *The Economics of Women, Men and Work*. Upper Saddle River, NJ: Prentice-Hall, Inc.
- Boserup, E. (1970). *Women's Role in Economic Development*. London: Allen & Unwin.
- Boulos R, Halsey N.A., Holt E., Ruff A., Brutus J.R., Quinn T.C., Adrien M., and C. Boulos (1990). "HIV-1 in Haitian Women 1982-1988." The Cite Soleil/JHU AIDS Project Team. 1990; 3 (7): 721-8.
- Brock, C. and N. Cammish (1997). *Factors Affecting Female Participation in Education in Seven developing Countries*. London: Department for International Development.
- Brodwin, P. (1996). *Medicine and Morality in Haiti: The Contest for Healing Power*. Cambridge, U.K.: Cambridge University Press.
- Brown, I. (1999). "Resultado de la Violencia Domestica el 45 por Ciento de Los Asesinatos Jamaicanos." *Indice Informativo de CIMAC*.
- Brown, J. and B. Chevannes (1998). *Why Man Stay So: Tie the Heifer, Loose the Bull.* An Examination of Gender Socialization in the Caribbean. Kingston, Jamaica: University of the West Indies, Mona.
- Brown, J. and B. Chevannes (2001). "Redefining Fatherhood: A Report from the Caribbean." *Early Childhood Matters*. February 2001, No. 97: pp. 25-37. The Hague: Bernard van Leer Foundation.
- Brown, K. M. (1991). *Mama Lola: A Vodou Priestess in Brooklyn*. Berkeley: University of California Press.
- Brown, M, Yusuf-Khalil, Y, and B. Bailey (2000). *Gender Issues in Caribbean Education: A Module for Teacher Education*. Kingston: CARICOM Secretariat and the Centre for Gender and Development Studies, Regional Coordinating Unit, UWI.

- Bruch, E. (1995). *Another Violence Against Women: The Lack of Accountability in Haiti*. Minneapolis, MN: Minnesota Advocates for Human Rights.
- Burton, B, Duvvury, N., and N. Varia (2000). *Justice, Change and Human Rights: International Research and Responses to Domestic Violence*. PROWID Synthesis Paper, International Center for Research on Women, Washington, D.C.
- Buvinic M., Morrison A. and M. Shifter (1999). "Violence in the Americas: A Framework for Action," in *Too Close to Home: Domestic Violence in the Americas*. Eds. Andrew R. Morrison and Maria Loteto Biehl. Washington D.C.: Inter-American Development Bank.
- CARE (1997a). "Women's Commercial Activities in the Northwest and Northern Artibonite Haiti: A Baseline Survey for the Rural Recapitalization Project". CARE Haiti, Small Enterprise Activities Development (SEAD) PN-55.
- CARE (1997b). *An Update of Household Livelihood Security in Northwest Haiti*. CARE Haiti, Monitoring & Targeting Impact Evaluation Unit.
- Cayemittes, M.A., et al. (1995). *Enquete Mortalité, Morbidité, et Utilisation des Services (EMMUS II/DHS)*. Calverton, MD: Institute Haitien de l'Enfance and Macro International Inc.
- Centre for Gender and Development Studies (2000). "National Report on the Situation of Violence Against Women and Girls in Jamaica 1999." Prepared for the United Nations Development Programme. University of the West Indies, Regional Coordinating Unit, CGDS Mona Campus, Jamaica.
- CEPAL (1999a). *Género en el Desarrollo de la República Dominicana*. Santo Domingo: CEPAL.
- CEPAL (1999b). *Informe de la Reunión Regional de Expertos sobre el uso Productivo de las Remesas Familiares y Comunitarias en Centroamérica*. México, D.F., 5 de noviembre de 1999. [Http://www.cepal.org.mx/](http://www.cepal.org.mx/)
- CEPAL (1999c). *Participation and Leadership in Latin America and the Caribbean: Gender Indicators*. Santiago de Chile: CEPAL.
- CEPAL (2000a). *Anuario Estadístico de América Latina y el Caribe, 1999*. Santiago de Chile: CEPAL.
- CEPAL (2000b). *Aspectos Económicos de la Equidad de Género. Documento de Referencia, Séptima Conferencia Regional sobre la Mujer de América Latina y el Caribe*. Santiago de Chile: CEPAL.
- CEPAL (2000c). *Panorama Social de América Latina 1999-2000*. Santiago de Chile: CEPAL.

- CESDEM, PROFAMILIA, ONAPLAN, DHS (1997). *Republica Dominicana: Encuesta Demográfica y de Salud. Informe Preliminar*. Santo Domingo: CESDEM, PROFAMILIA, ONAPLAN, DHS.
- Charles, C. (1995). "Gender and Politics in Contemporary Haiti: The Duvalierist State, Transnationalism, and the Emergence of a New Feminism (1980-1990)." *Feminist Studies* 21.1, Spring: 135-164.
- \_\_\_\_\_ (2000). *Gender and Development in Haiti: A Report Prepared for the UNDP, February 25, 2000*. Port-au-Prince: UNDP.
- Charlier, G. (1998). "Review of the Impact and Effectiveness of Donor-Financed Poverty Alleviation Programs" in *Haiti: The Challenges of Poverty Reduction, Volume 2*. Washington D.C.: The World Bank.
- Charmes, J. (2000). *Indicateurs Sociaux et Suivi des Conditions de Vie des Ménages en Haïti: Rapport D'Etape*. Rapport de la Mission Effectuée pour le PNUD en Haïti, du 7 au 15 Janvier et du 13 au 18 Janvier 2000. Port-au-Prince: PNUD.
- Chéry Frédéric, G. (1999). "Place de la Femme Haïtienne dans les Secteurs Économiques de la Société", Institut des Femmes Entrepreneures (IFE) Colloque Femmes Haïtiennes: Produire pour le Triosième Millénaire, Intervention sur Femmes, Reforme Agraire et Production Agricole en Haiti. Port-au-Prince: IFE.
- Chevannes, B. (1999). *What We Sow and What We Reap: Problems in the Cultivation of Male Identity in Jamaica*. Jamaica: Grace Kennedy Foundation.
- Chisholm, L and N. Malange (1999). *School Girls, Rape and Sexual Harassment in South Africa*. Paper Presented for African Women Educationalists, (FAWESA). Capetown, South Africa: FAWESA.
- Clark, E.(1999) (revised, original publication 1957). *My Mother who Fathered Me. A Study of Families in Three Selected Communities in Jamaica*. Kingston: The University of the West Indies Press.
- Cleeves Mosse, J. (1993). *Half the World, Half a Chance: An Introduction to Gender and Development*. Oxford: OXFAM.
- Comisión Nacional de Prevención y Lucha Contra la Violencia Intrafamiliar, (CONAPLUVI) (2000). *Plan Estratégico Nacional para la Prevención y Atención a la Violencia Intrafamiliar*. Santo Domingo: Secretaria de Estado de la Mujer.
- Committee on the Elimination of Discrimination Against Women (1998). *State Party Reports: Dominican Republic*.  
<http://www.hri.ca/fortherecord1998/documentation/tbodies/cedaw>

- Correia, M. (1998). "Gender and Poverty in Haiti" in *Haiti: The Challenges of Poverty Reduction, Volume 2*. Washington D.C.: The World Bank.
- Correia, M. (2000). *Las Relaciones de Género en la Argentina. Un Panorama Sectorial*. Buenos Aires: The World Bank.
- Deschamps, M., J. Pape, A. Hafner and W. Johnson. (1996). "Heterosexual Transmission of HIV in Haiti." *Annals of Internal Medicine*. 125: pp. 324-330.
- DHS 1994/95. Demographic and Health Surveys, Macro International.  
[Http://www.measuredhs.com/](http://www.measuredhs.com/).
- Dieng, A. (1999). *Situation of Human Rights in Haiti*. New York: United Nations.
- Duarte, I., y R. Brea (1999). *Entre la Calle y la Casa: las Mujeres Dominicanas y la Cultura Política a Finales del Siglo XX*. Santo Domingo: PROFAMILIA.
- Duarte, I., Brea, R., y R. Tejada Holguin (1998). *Cultura Política y Democracia en la Republica Dominicana*. Santo Domingo: Instituto de Estudios de Población y Desarrollo/PROFAMILIA.
- Durocher, A., B. Grimard, and M. Cato (1996). PSI Haiti Condom Social Marketing: Professor Pante. I Abstract. International Conference on AIDS.
- Dutta, S. (1997). "Role of Women in Rural Energy Programmes: Issues, Problems and Opportunities". *Energia News*, No. 4, 1997.
- Economist Intelligence Unit (1999-2000). *Country Profile: Dominican Republic*. Kent, UK: Redhouse Press Ltd.
- Ellis, P. (1986). *Women of the Caribbean, Introduction*. Ed. Pat Ellis. Kingston, Jamaica: Kingston Publishers Limited: 1-19.
- EEC (1998). *L'Integration de la Dimension Genre dans la Cooperation entre l'Union Europeenne et le Gouvernement d'Haiti: Rapport de Mission en Haiti 1998*. Port-au-Prince: European Economic Community (EEC).
- Ellsberg, M. (1997). *Candies In Hell: Domestic Violence Against Women in Nicaragua*. Leon Nicaragua: Umea University, Nicaraguan Autonomous National University.
- ENGIH (1999). *Encuesta Nacional de Gastos e Ingresos de los Hogares*. Santo Domingo: ENGIH.
- Epstein, C. (1993). "Positive Effects of the Multiple Negative" in *Changing Women in a Changing Society*. Ed. J. Huber. Chicago: University of Chicago Press.
- Etienne S. P. (1997). *Haiti: l'Invasion des ONG*. Port-au-Prince: Centre de Recherche et de Formation Economique et Sociale pour le Developpement (CRESFED).

- FAES (1997). *La Methode de Distribution Budgetaire par Commune et la Methode de Priorisation des Projets pour L'Evaluation, Fonds D'Assistance Economique et Social, janvier 1997*. Port-au-Prince: FAES.
- FAES (1999a). *Document de Présentation, Fonds d'Assistance Economique et Social, 30 juin 1999*. Port-au-Prince: FAES.
- FAES (1999b). *Social Assessment of Haiti: 1998-1999*. Port-au-Prince: FAES.
- Farmer, P. (1992). *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press.
- \_\_\_\_\_ (1999). *Infections and Inequalities: The Modern Plagues*. Berkeley: University of California Press.
- Filmer, D. (1999). *The Structure of Social Disparities in Education: Gender and Wealth*. Draft. Washington, D.C.: The World Bank.
- Freeman, R. (1991). "Crime and the Employment of Disadvantaged Youths." Working Paper No. 3875. Cambridge, MA.: National Bureau of Economic Research.
- Freeman, R. and W.M. Rodgers III (1999). "Area Economic Conditions and the Labor Market Outcomes of Young Men in the 1990s Expansion." Working Paper No. 7073. Cambridge, Massachusetts: National Bureau of Economic Research.
- Fuller, A. (1999). *Challenging Violence: Haitian Women Unite, Women's Rights and Human Rights. Special Bulletin on Women and War*. Association of Concerned Africa Scholars.
- Furchtgott-Roth, D. and C. Stolba (1999). *Women's Figures, An Illustrated Guide to the Economic Progress of Women in America*. Washington D.C.: AEI Press.
- Gagnon, G. (1998). "Food Security Issues in Haiti" in *Haiti: The Challenges of Poverty Reduction Volume 2*. Washington D.C.: The World Bank.
- Galán, B.B. (1998). *Aspectos Juridicos en el Acceso de la Mujer Rural a la Tierra en Cuba, Honduras, Nicaragua y República Dominicana*. Rome: Organización de las Naciones Unidas para la Agricultura y Alimentación (FAO).
- Gammage, S. and Y. Clement Jumelle (2000). *The Gender Dimensions of Poverty and Inequality in Haiti: The Case of the Artibonite*. Washington, D.C.: UNDP, CEASDES.
- Global Environment Facility (1995). *Mali Household Energy Project*. GEF. Washington, D.C.: The World Bank.
- Gomart, Elizabeth (2001). *Youth and Violence in The Caribbean: A Literature Review*. Manuscript. The World Bank.

- Gregory, P. (1998). *Employment and Unemployment in the Dominican Republic*. Consulting Assistance on Economic Reform Discussion Papers. Cambridge Massachusetts:
- Guest, I. (1994). "Haiti Beyond the Headlines." *Populi*. 21 (10):12-13.
- Gunst, L. (1995). *Born Fi' Dead*. Henry Holt and Company.
- Gupta, G. and E. Weiss (1998). *Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention*. Washington, D.C.: International Center for Research on Women.
- Gwatkin D. R, Rutstein, S., Johnson, K., Pande, R., and A. Wagstaff (2000). *Socio-Economic Differences in Health, Nutrition, and Population in Haiti*. Unpublished Manuscript. The World Bank.
- Hamilton, M. 1999. "Women and Higher Education in the Commonwealth Caribbean: UWI- A Progressive Institution for Women?" Working Paper #2. Cave Hill, Barbados: Working Paper Series, Centre for Gender and Development Studies, UWI.
- Handa, Ashu (1995). *An Analysis of the 1993 Survey of Living Conditions Employment Module. Working Paper No. 1*. Kingston: Jamaica: Policy Development Unit, Planning Institute of Jamaica.
- Hawkins, K. and B. Meshesha. (1994). "Reaching Young People: Ingredients of Effective Programs." in *Population Policies Reconsidered: Health, Empowerment and Rights*. Eds. Sen, et al. Cambridge, Massachusetts: Harvard University Press.
- Heise L., Moore, K. and N. Toubia (1995). *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: Population Council.
- \_\_\_\_\_ (1994). "Violence Against Women: The Hidden Health Burden." World Bank Discussion Paper 225. Washington, D.C.: The World Bank.
- Heward, C. (1999) "The New Discourses of Gender, Education and Development," in *Gender, Education and Development: Beyond Access to Empowerment*. Eds. Christine Heward and Shiela Bunawaree. London: Zed Books Ltd.
- Huesmann, L.R., et al. (1984). "The Stability of Aggression Over Time and Generations." *Development Psychology* 20: 1120-1134.
- Huesmann, L.R. (1987). "The Development of Aggressive Behavior from the Perspective of a Developing Behaviorism." *American Psychologist* 42: 435-442.
- Human Rights Watch Women's Rights Project (1995). "Rape in Haiti," in *The Human Rights Watch Global Report on Women's Human Rights*. Ed. Regan Ralph. New York: Human Rights Watch: 31-56.



- Human Rights Watch/National Coalition for Haitian Refugees (1993). *Silencing a People: The Destruction of Civil Society in Haiti*. New York: Human Rights Watch.
- Inter-American Development Bank (1999). *Facing up to Inequality*. Washington D.C.: Inter-American Development Bank.
- IFFF/RHO y AVSC Internacional (1998). *Memorias del Simposio Sobre Participación Masculina en la Salud Reproductiva: Nuevos Paradigmas*. New York: AVSC Internacional.
- IEPD (1997). *Madres Adolescentes en la Republica Dominicana 1996*. Santo Domingo: Instituto de Estudios de Población y Desarrollo/PROFAMILIA.
- International Labor Organization (2000). LABORSTA <http://www.laborsta.ilo.org/cgi-bin/broker.exe>.
- Innerarity, F. (1999). *Gender Relations in Rural Jamaica: Implications for Women's Economic and Social Development*. Background Paper for the Jamaica Human Development Report. Kingston Jamaica.
- International Women's Rights Action Watch (2000). *IWRAW Country Reports: the Dominican Republic*. <http://www.igc.org/iwraw/publications/countries/>
- Jamaica National Preparatory Commission (1994). *National Report on the Status of Women in Jamaica. Prepared for the Fourth World Conference on Women, Beijing, China: September, 1995*. Kingston, Jamaica: Center for Gender and Development Studies, UWI.
- Jamaica Observer (2001). "Beatings, violence contribute to aggression in kinds – Study". June 2, 2001. Kingston: Jamaica Observer.
- Jejeebhoy, S. (1995). *Women's Education, Autonomy and Reproductive Behaviour: Experiences from Developing Countries*. Oxford: Oxford University Press.
- Johnson, N. (1998). "Child Labor in Jamaica." Kingston Jamaica: Interpress Service.
- \_\_\_\_\_ (1998). "Women Hit Hardest in Spate of Factory Closures." Kingston Jamaica: Interpress Service.
- Johnson, U. (1996). "The Reconstruction of Masculinity: Breaking the Link between Maleness and Violence". Paper presented at Centre for Gender and Development Studies, UWI (St. Augustine), Conference on the Construction of Caribbean Masculinity: Towards a Research Agenda, Jan. 11-13, 1996.
- Justice Economique (1998a). "Porquoi Une Campagne sur la Sécurité et l'Autosuffisance Alimentaires?" *Justice Economique*, Octobre 1997-Janvier 1998. Port-au-Prince: PAPDA.
- Kabeer, N. (1997). "Editorial: Tactics and Trade-Offs, Revisiting the Links Between Gender and Poverty." *Institute of Development Studies Bulletin*, Vol. 28, No. 3.

- Katz, E. and M. Correia (2001). *The Economics of Gender in Mexico: Work, Family, State, and Market*. Washington D.C.: The World Bank.
- King, R. and M. Morrissey (1988). *Images in Print: Bias and Prejudice in Caribbean Textbooks*. Kingston, Jamaica: Institute of Social and Economic Research.
- Kurz, K and C. Johnson Welch (1994). *The Nutrition and Lives of Adolescents in Developing Countries*. Washington, D.C.: International Center for Research on Women.
- Laguette, M.S. (1998). *Diasporic Citizenship, Haitian Americans in Transnational America*. New York: St. Martin's Press.
- Latortue, F. (1997). *L'Economie Rurale, Et Les Problèmes de Développement en Haïti*. Washington D.C.: Comité Inter-Américain pour le Développement Agricole.
- Leo-Rhynie, E. (1996). "Gender Issues in Education and Implications for Labour Force Participation," in *Women and the Sexual Division of Labour in the Caribbean*. Ed. Keith Hart. Kingston Jamaica: Canoe Press, UWI.
- Lewis, L.A., and W. J. Coffey (1985). "The Continuing Deforestation of Haiti." *Ambio* 14, No. 3: 158-60.
- Lindsay, K. (1997). "Caribbean Male: Endangered Species?" Center for Gender and Development Studies: Working Paper Series 1 Mona. Ed. Patricia Mohammed. Kingston, Jamaica: Center for Gender and Development Studies.
- Londoño, J.L. and M. Szekely (1997). *Persistent Poverty and Excess Inequality: Latin America, 1970-1995*. Washington, D.C.: Inter-American Development Bank.
- Lorge Rogers, B. (1995). "Alternative Definitions of Female Headship in the Dominican Republic." *World Development*, 23 (12): 2033-2039.
- Lowenthal, I. P. (1984). "Labor, Sexuality and the Conjugal Contract in Rural Haiti," in *Haiti Today and Tomorrow: An Interdisciplinary Study*. Eds. C. Foster and A. Valdman. Lenham: University Press of America: 15-33.
- Magloire, D. M. Merlet, and I. Paulus (1998). "L'Intégration de la Dimension Genre dans la Coopération entre l'Union Européenne et le Gouvernement d'Haïti", Rapport de Mission en Haïti du 4 Novembre au 23 Décembre 1997 et 15 du Janvier au 15 Février 1998, Pour la Commission Européenne Directorate Général de Développement.
- Marquez, G. and L. O'Connell (forthcoming). *The Labor Market Participation Dilemma in the Dominican Republic*. Washington D.C.: Inter-American Development Bank.

- Marshall, R. (1999). *Study on Gender Dimension of Youth Development in Trinidad and Tobago*. Unpublished Manuscript. Washington D.C.: The World Bank.
- Maynard-Tucker, G. (1996). "Haiti: Union, Fertility, and the Quest for Survival." *Social Science and Medicine*. 43 (9): 1379-1387.
- Meeks-Gardener (2001). *A Case Control Study of Family and School Determinants of Aggression in Jamaican Children*. PIOJ Policy Department Unit Sixth Working Paper. Kingston: PIOJ.
- Ministry of Health (1998). *Ministry of Health Annual Report 1998*. Kingston: Ministry of Health.
- Mones, B. and L. Grant (1987). "Agricultural Development, the Economic Crisis, and Rural Women in the Dominican Republic," in *Rural Women and State Policy: Feminist Perspectives on Latin American Agricultural Development*. Eds. Carmen Diana Deere and Magdalena León. Boulder, Colorado: Westview Press.
- Montas, R. (1998). "Emploi et Chomage en Haiti: Analyse de la Situation Actuelle et Perspectives Pour 1998-2010," *Projet d'Appui Institutionnel en Aménagement du Territoire*. Port-au-Prince: PNUD/HABITAT.
- Morris-Hughes, E. (1999). "Findings of Exploratory Mission to Haiti," LAC Region Note. Washington, D.C.: The World Bank.
- Morrison, A. R., and M. L. Biehl; editors, (1999). *Too Close to Home: Domestic Violence in the Americas*. Washington, D.C.: Inter-American Development Bank.
- Morrison, A.R. and M.B. Orlando (1999). "Social and Economic Costs of Domestic Violence: Chile and Nicaragua." in *Too Close to Home: Domestic Violence in the Americas*. Eds. A.R. Morrison and M.L. Biehl. Washington, D.C.: Inter-American Development Bank.
- Morton, A. (1998). "NGO Sector Study," in *Haiti: The Challenges of Poverty Reduction. Volume 2*. Washington D.C.: The World Bank.
- MUDE (1996). *Mujer Rural en República Dominicana '96*. Santa Domingo: Mujeres en Desarrollo Dominicana, Inc./Fondo de Población de las Naciones Unidas (FUNAP/UNFPA).
- NCHR (1998). *Can Haiti's Police Reforms Be Sustained?* New York: National Coalition for Haitian Rights.
- N'Zengou-Tayo, M. (1998). "Fanm Se Poto Mitan: Haitian Woman, the Pillar of Society." *Feminist Review* 59. Summer: 118-142.
- Olle-Goig, J, A. Rodes, and J. Casabona (1994). "The Impact of HIV Infection in a Rural Hospital in Haiti." *Journal of Tropical Medicine and Hygiene*. 97: 21-25.

- OXFAM (1995). *Rebuilding Haiti: Views from the Grassroots on Haiti's Reconstruction Needs*. Oxfam America.
- Paiewonsky, D., (1995). *Determinantes Sociales y Consecuencias del Aborto Inducido en la Republica Dominicana*. Santo Domingo: Instituto de Estudios de Población/PROFAMILIA.
- Pan-American Health Organization (1993). *Resolución XIX: Violencia y Salud*. Washington D.C.: PAHO.
- Pan-American Health Organization (1997). *Health Conditions in the Caribbean*. Washington D.C.: PAHO.
- Pan-American Health Organization (1999a). *Dominican Republic: Basic Country Health Profiles, Summaries 1999*. [Http://www.paho.org/english/sha/prfldor.htm](http://www.paho.org/english/sha/prfldor.htm).
- Pan-American Health Organization (1999b). *Trinidad and Tobago: Basic Country Health Profiles, Summaries 1999*. [Http://www.paho.org](http://www.paho.org).
- Pape, J. and D. Johnson (1993). "AIDS in Haiti: 1982-1992". *Journal of Clinical Infectious Diseases*. 17 (Suppl 2): 341-5.
- Patterson, O. (1975). *The Sociology of Slavery: An analysis of the origins, development and structure of Negro slave society in Jamaica*. London. Farleigh Dickenson University Press.
- PIOJ (1996, 1998, 1999, 2000). *Economic and Social Survey*. Kingston: Planning Institute of Jamaica.
- PIOJ (1998, 1999). *Jamaica Survey of Living Conditions*. Kingston: Planning Institute of Jamaica.
- PIOJ (2000). *Jamaica Human Development Report 2000*. Kingston: Planning Institute of Jamaica.
- PIOJ, UNDP, and CIDA (2000). *The Construction of Gender Development Indicators for Jamaica: Sector Studies*. Ed. Patricia Mohammed. Kingston: Planning Institute of Jamaica/United Nations Development Programme/Canadian International Development Agency.
- Plotkin D. (1984). *The Participation of Women in Development: Agriculture*. Monograph. Port-au-Prince: UNDP.
- PMA (2000). *Brechas de Género*. Santo Domingo : Programa Mundial De Alimentos.
- Pollack, W. (1998). *Real Boys. Rescuing Our Sons from the Myths of Boyhood*. New York: Henry Holt and Company Inc.

- Posner, R. (1986). *Economic Analysis of Law*. Toronto, Canada: Little Brown and Co.
- PROFAMILIA/UNFPA (1998). *La Mortalidad Materna en la Republica Dominicana: El caso del Distrito Nacional*. Santo Domingo: PROFAMILIA.
- Racine, M.B., with K.Ogle (1999). *Like the Dew that Waters the Grass: Words from Haitian Women*. Washington D.C.: EPICA Publications.
- Rathgeber, E. (1990). "WID, WAD, GAD: Trends in Research and Practice." *Journal of Developing Areas* No. 24 July: 489-502.
- Raynolds, L.T. (1998). "Harnessing Women's Work: Restructuring Agricultural and Industrial Labor Forces in the Dominican Republic." *Economic Geography* 74(2): 149-169.
- Richardson, L. (1997). *Feeding Dependency, Starving Democracy: USAID Policies in Haiti*. Boston: Grassroots International.
- Ricketts, H. and W. Benfield (2000). "Gender and the Jamaican Labour Market: the Decade of the 90s," in *The Construction of Gender Development Indicators for Jamaica*, Ed. Mohammed, M. Kingston: PIOJ:41-57.
- Rokx, C. (1997). *Haiti Basic Education Project: School Nutrition and Health Sub-Component. Technical Note for the World Bank*. Washington, D.C.: The World Bank.
- Rosario, E., (2000). *Diagnóstico de Género de la Reforma y Modernización*. Santo Domingo: Secretaría de Estado de la Mujer/FNUAP/PNUD.
- Rosenhouse, S. (1989). "Identifying the Poor: Is Headship a Useful Concept?" LSMS Working Paper No. 58. Washington, D.C.: The World Bank.
- Samms-Vaughan, M. (2001). *Cognition, Educational Attainment and Behaviour in a Cohort of Jamaican Children*. Kingston: Working Paper.
- Salmi, J. (1998). "Equity and Quality in Private Education", in *Haiti: The Challenges of Poverty Reduction, Volume 2*. Washington D.C.: The World Bank.
- Sapelli, C. (1999). *Education and the Labor Market in the Dominican Republic (1991-1997)*. Santo Domingo: Pontificia Universidad Católica de Chile/World Bank.
- Schneidman M., and R. Levine (1998). "Health and Nutrition Sectors," in *Haiti: The Challenges of Poverty Reduction, Volume 2*. Washington D.C.: The World Bank
- Secretaría de Estado de la Mujer (SEM) (2000a). *Carpeta de Perfiles de Proyectos de la Secretaría de Estado de la Mujer*. Santo Domingo: SEM.
- Secretaría de Estado de la Mujer (SEM) (2000b). *Estadísticas para la Planificación Social con Perspectiva de Género*. Santo Domingo: SEM.

- Secretaría de Estado de la Mujer (SEM) (2000c). *Evaluación de la Aplicación de la Plataforma de Acción de Beijing en la República Dominicana 1995-2000*. Santo Domingo: SEM.
- Secretaría de Estado de la Mujer (SEM) (2000d). *Plan Nacional de Equidad de Género. Acciones Coordinadas Desde el Estado para el Desarrollo de la Mujer*. Santo Domingo: SEM.
- Secretaría de Estado de la Mujer (SEM) (2001). *Parcelera Conoce tus Derechos sobre la Tierra: Version Popular y Explicada de la Ley 55/97 sobre Reforma Agraria*. Santo Domingo: SEM.
- Sen, G. (1990). *Gender and Cooperative Conflicts. Persistent Inequalities: Women and World Development*. Ed. Irene Tinker. New York: Oxford University Press.
- Sen, P. (1998). "Development Practice and Violence Against Women." *Gender and Development*, Vol. 6 (3): 7-16.
- de Sherbinin, A. (1996). "Human Security and Fertility: The Case of Haiti." *Journal of Environment and Development* 5.1.
- Shrader, E. (2000). *Methodologies to Measure the Gender Dimensions of Crime and Violence*. Unpublished Manuscript.
- Singer, M., L. Davison, and G. Gerdes (1988). "Culture, Critical Theory and Reproductive Illness Behavior in Haiti." *Medical Anthropology Quarterly*: 370-385.
- STATIN (1998). *Statistical Abstract 1998*. Kingston: Statistical Institute of Jamaica.
- STATIN (2000a). *Demographics*. Kingston: Statistical Institute of Jamaica
- STATIN (2000b). *The Labour Force 2000*. Kingston: Statistical Institute of Jamaica
- Stevenson G. (1989). "The Production, Distribution, and Consumption of Fuelwood in Haiti." *Journal of Developing Areas*, 24, October 1989: 50-76
- Tejada Holguin, R., (1995). "La Juventud Dominicana: Divino Tesoro o Infernal Problema." *Revista Población y Desarrollo*, 5, pp 9-29.
- UCG (1997). *Programme de Création D'Emplois, Juillet 1995-Avril 1997, Rapport Final, Unité Centrales de Gestion, 30 Juin 1997*. Port-au-Prince: UCG
- Ulin, P., M. Cayemittes and E. Metellus (1993). *Haitian Women's Role in Sexual Decision-Making: The Gap Between AIDS Knowledge and Behavior Change*. AIDSTECH, Family Health International. Durham, NC.
- UNAIDS/PAHO/WHO (2000). *Dominican Republic: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*. [Http://www.unaids.org](http://www.unaids.org)

- UNDP (1993). *Haiti: Emergency Economic Recovery Program. Preliminary Report of the Joint Mission*. Port-au-Prince: United Nations Development Programme (UNDP).
- UNDP/PNUD (2000). *Desarrollo Humano en la República Dominicana*. Santa Domingo: Programa de las Naciones Unidas para el Desarrollo.
- UNFPA/UNDP/SEM (2000a). *Diagnóstico de Género en la Reforma y Modernización*. Santo Domingo: UNFPA/UNDP/SEM.
- UNFPA/UNDP/SEM (2000b). *Estadísticas para la Planificación Social con Perspectiva de Género*. Santo Domingo: UNFPA/UNDP/SEM.
- UNICEF (1993). *Germaine Chercher la Vie*. Port-au-Prince: UNICEF.
- UNICEF (1994). *Analyse de la Situation des Femmes et des Enfants en Haiti (Periode 1980-1993)*. Port-au-Prince: UNICEF.
- UNICEF (1999). *The State of the World's Children*. New York: UNICEF.
- UNICEF (2000). *Domestic Violence Against Women and Girls*. Innocenti Digest Report, No. 6, May 2000, New York.
- UNICEF/ONAPLAN (1997). *Análisis de situación de la niñez y la mujer en la República Dominicana*. Santo Domingo: UNICEF/ONAPLAN.
- United Nations (1997). *Population by Sex, Sex Ratio and Percentage of Population Under Age 15, 1997*. [Http://www.un.org/depts/unsd/gender/](http://www.un.org/depts/unsd/gender/).
- United Nations (1998). *Committee on the Elimination of Discrimination against Women. Fourth Periodic Report of States Parties: Dominican Republic*. New York: United Nations.
- United Nations (2000a). *Indicators on Child-bearing*. United Nations Statistics Division.
- United Nations (2000b). *Indicators on Population*. United Nations Statistics Division.
- United Nations (2000c). *Statistics and Indicators on the World's Women*. United Nations Statistics Division.
- United States Census Bureau (1999). *Foreign Born Population in the United States. Current Population Survey, Current Population Reports*. [Http://www.census.gov](http://www.census.gov).
- United States Department of State (2000). *Human Rights Report for 1999: Dominican Republic*. [Http://www.state.gov](http://www.state.gov).
- USDoS (2000). *1999 Country Reports on Human Rights Practices: Dominican Republic*. Washington D.C.: Bureau of Democracy, Human Rights, and Labor, U.S.

- Department of State.  
[Http://www.state.gov/www/global/human\\_rights/1999\\_hrp\\_report/](http://www.state.gov/www/global/human_rights/1999_hrp_report/)
- US National Public Radio (2001). *Morning Edition from NPR News. March 28, 2001.*  
 Washington D.C.: National Public Radio.
- Van Bronkhorst, B. (1999). *Youth Violence in Latin America and the Caribbean: Causes, Costs and Interventions.* LCSES Technical Paper. Washington D.C.: The World Bank.
- Varela, D. and V. Mayani (2000). *The Dominican Republic. A First Statistical Review of the Justice Sector. World Bank Working Paper. Volume I of III.* Unpublished manuscript.
- Vassell, L. 2000. "Power, Governance and the Structure of Opportunity for Women in Decision-Making in Jamaica." *The Construction of Gender Development Indicators for Jamaica.* Ed. Mohammed, P. Kingston: Planning Institute of Jamaica. (83-95).
- WEDO (1998). *Mapping Progress. Assessing Implementation of the Beijing Platform 1998.* New York: Women's Environment and Development Organization (WEDO).
- Wiens T. And C. Sobrado (1998). "Rural Poverty in Haiti" in *Haiti: The Challenges of Poverty Reduction. Volume 2.* Washington D.C.: The World Bank.
- Williams, L. (2002). A Review of the issues arising from selected quantitative and qualitative literature on youth in the Caribbean. Unpublished manuscript.
- Weisbrot, M. (1997). "Structural Adjustment in Haiti," *Monthly Review*, Vol. 48, No. 8.
- Wolff, L. and C. Castro (2000). *Secondary Education in Latin America and the Caribbean. The Challenge of Growth and Reform.* Washington D.C.: Inter-American Development Bank.
- Woodson, D.G., and J. Schrag-James (1997). "Livelihood Systems" in Woodson, D.G., M.A. Barro, T. J. Finan, D.A. Giuliano, C. Bart, K. Coelho, J. Schrag-James, A. Bocar N'Diade, J. Manthei and H. Ilahiance *A Baseline Study of Livelihood Security in the Departments of the Artibonite, Center, North, Northeast and West, Republic of Haiti.* Tucson, Arizona: Bureau of Applied Research in Anthropology, University of Arizona.
- World Bank (1993a): *Welfare Implications of Female Headship in Jamaican Households*, LSMS Working Paper No. 96. Washington D.C.: The World Bank.
- World Bank (1993b). *World Development Report: Investing in Health, World Development Indicators.* New York: Oxford University Press.
- World Bank (1996a). *Country Assistance Strategy for the Republic of Haiti.* Washington, D.C.: The World Bank.
- World Bank (1996b). *World Development Report: From Plan to Market.* New York: Oxford University Press.



- World Bank (1996c). *El Salvador. Moving to a Gender Approach: Issues and Recommendations. Report No. 14407-ES.* Washington D.C.: The World Bank.
- World Bank (1996d). *Caribbean Countries Poverty Reduction and Human Resource Development. Report No. 15342-LAC.* Washington D.C.: The World Bank.
- World Bank (1997). *Jamaica. Violence and Urban Poverty in Jamaica: Breaking the Cycle. Report No. 15895-JM.* Washington D.C.: The World Bank.
- World Bank (1998). *Haiti: The Challenges of Poverty Reduction, Volume 1.* Washington D.C.: The World Bank.
- World Bank (1999). *Country Assistance Strategy for the Dominican Republic.* Washington, D.C.: The World Bank.
- World Bank (2000a). *A Review of the Haitian Immigrant Population in the Dominican Republic. Draft.* Washington, D.C.: The World Bank.
- World Bank (2000b). *Country Assistance Strategy for Jamaica.* Washington, D.C.: The World Bank.
- World Bank (2000c). *Dominican Republic Social and Structural Policy Review.* Washington, D.C.: The World Bank.
- World Bank (2000d). *Ecuador Gender Review.* Washington, D.C.: The World Bank.
- World Bank (2000e). *HIV/AIDS in the Caribbean: Issues and Options.* Washington, D.C.: The World Bank.
- World Bank (2000f). *World Development Indicators.* Washington, D.C.: The World Bank.
- World Bank (2000g). *Trinidad and Tobago. Youth and Social Development. An Integrated Approach for Social Inclusion. Report No. 20088-TR.* Washington D.C.: The World Bank.
- World Bank (2000h). *Gender and Labor Markets in Latin America.* Washington D.C.: The World Bank.
- World Bank (2001a). *Dominican Republic Poverty Assessment. Draft.* Washington, D.C.: The World Bank.
- World Bank (2001b). *World Development Report 2000/2001 Attacking Poverty.* Washington, D.C.: The World Bank.
- World Bank (2001c). *HIV/AIDS Prevention and Control Project. Project Appraisal Document. Draft.* Washington D.C.: The World Bank.
- World Health Organization (1996). *The World Health Report 1996.* Geneva: WHO.

- World Health Organization (1998). *The World Health Report 1998. Life in the Twenty-first Century: A Vision for All*. Geneva: WHO.
- World Health Organization (2000). *The World Health Report 2000 Health Systems: Improving Performance*. Geneva: WHO. [Http://www.who/whr/](http://www.who/whr/).
- De Zaluondo, B. O., J. M. Bernard (1993). *Sexual-Economic Exchange in Urban Haiti: Culture, Gender and Sexual Risk Behavior*. Rio de Janeiro, Brazil: Culture, Health and Sexuality Project/Johns Hopkins University School of Hygiene and Public Health.